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Paulson, Mary Alice, Ph.D.

Andrews University, 1994

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Andrews University
School of Education

REACTIONS TO CHILDHOOD SIBLING DEATH
A QUALITATIVE INVESTIGATION

A Dissertation
Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

by

Mary A. Paulson

June 1994

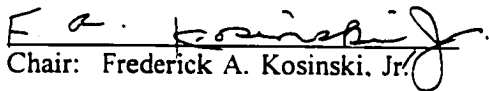
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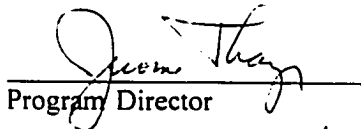
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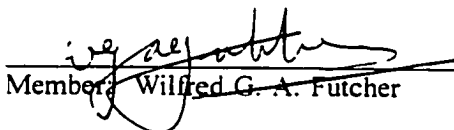
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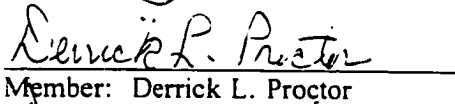
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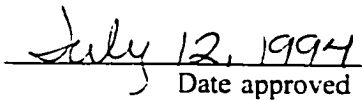

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ABSTRACT

REACTIONS TO CHILDHOOD SIBLING DEATH
A QUALITATIVE INVESTIGATION

by

Mary A. Paulson

Chair: Frederick A. Kosinski, Jr.

ABSTRACT OF GRADUATE STUDENT RESEARCH

Dissertation

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Title: REACTIONS TO CHILDHOOD SIBLING DEATH: A
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Name and degree of faculty chair: Frederick A. Kosinski, Jr., Ph.D.

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Problem

In looking at the importance of sibling relationships, we see that the death of a sibling can cause considerable disruption to the surviving child's development. A review of the childhood sibling loss literature indicated that no study was found that investigated the effects of sibling loss on depression and psychosocial development and studied reactions to sibling loss and its effects on cognition, emotions, behaviors, interpersonal relations, and spirituality.

Method

Thirty subjects participated in this research and composed three developmental groups. Erik Erikson's psychosocial developmental stages were utilized in this investigation. The subjects were grouped according to their age at the time of the study. These groups were ages 8-12 years, ages 13-21 years, and ages 22-35 years. The subjects that participated in this study had experienced the death of a sibling before the age of 25 years. The subjects were voluntary participants who were recruited through The Compassionate Friends. Each subject was administered a depression instrument (either the Reynolds Child Depression Scale or the Multiscore Depression Inventory) and underwent a structured interview. Subjects that were 13 years of age or older were also administered a psychosocial development instrument (Measures of Psychosocial Development). The information obtained from the structured interview and the instruments was then developed into case studies, and analyzed using content analysis.

Results

Both positive and negative short-term and long-term reactions to the experience of childhood sibling loss were found in the areas of cognition, emotions, behaviors, interpersonal relations, and spirituality. Most subjects in this study appeared to have been experiencing minimal or mild depression. In addition, both advanced psychosocial development and psychosocial developmental difficulties were found.

Conclusions

The salient nature of childhood sibling loss was discussed for each of the three

developmental age groups as related to patterns of major reactions in the areas of cognition, emotions, behaviors, interpersonal relations, and spirituality. In addition, possible causes for each of the following were discussed: advanced psychosocial development, age-appropriate psychosocial development, psychosocial developmental difficulties, and depression.

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PREFACE

The story of Peter Pan was written by the Scottish writer James Matthew Barrie, who was a bereaved sibling. The story of Peter Pan may be seen as Barrie's own experience of childhood sibling loss. It is through James Barrie's creative attempt to explain his experience of childhood sibling loss that we begin to see the impact childhood sibling loss has on the individual. James Barrie is not alone, however; many others like him have expressed their reactions to childhood sibling loss through a variety of mediums including art, poetry, politics, psychological theory, and writing. These individuals include: William Shakespeare (Silver, 1983), Gustav Mahler, Nietzsche, Goethe, Oscar Wilde, Lenin, Van Gogh, Heinrich Schliemann, Edvard Munch, Kaethe Kollwitz, Thomas De Quincey, Jack Kerouac (Pollock, 1978, 1986), Mary Cassatt (Zerbe, 1987), Gustav Vigland, Edgar Allan Poe, Jonathan Swift, Nikolai Gogol, Thomas Chatterton, Joseph Conrad, John Keats, Bertrand Russell, Sylvia Plath, Rudyard Kipling, Michelangelo, Johann Sebastian Bach, Wolfgang Amadeus Mozart, A. E. Houseman, Somerset Maugham (Simons, 1984), Henri Beyle "Stendhal" (Wilson, 1988), Harry Guntrip, Sigmund Freud (Rudnytsky, 1988), Alfred Adler, B. F. Skinner (Schultz, 1986), and Adolf Hitler (Bank & Kahn, 1982). Some children are able to successfully resolve the grief process. However, not all children resolve this experience to a point at which they are able to live happy and successful lives.

CHAPTER ONE

THE PROBLEM

Background

According to the U.S. National Center for Health and Statistics (1994) approximately 143,170 individuals under the age of 34 years died in the 12-month period between October 1992 and October 1993. These individuals died as a result of illness, suicide, homicide, and accidents. The U.S. National Center for Health and Statistics (1994) stated that during this time period the following deaths were estimated: 33,500 infant deaths, 6,850 deaths among children between the ages of 1 and 4 years, 8,620 deaths among children between the ages of 5 and 14 years, 35,310 deaths among persons between the ages of 15 and 24 years, and 58,890 deaths among individuals between the ages of 25 and 34 years. These figures are provisional, estimated from a 10% sample of deaths. The most recent accurate figures were of reported deaths in 1989 as cited in the U. S. National Center for Health and Statistics annual report (1992). These figures place the total number of deaths at nearly a quarter of a million in individuals under the age of 34 years. The U. S. National Center for Health and Statistics annual report (1992) stated that in 1989 the following deaths were reported: 70,124 fetal and infant deaths, 55,900 deaths among children under the age of 15 years, 36,500 deaths among individuals 15-24 years of age, and,

60,500 deaths among individuals 25-34 years of age.

In 1985 the Uniform Crime Reports stated that 4.9% of murder victims were under 14 years of age. Now, more than ever, children are falling prey to incidents of violence, including homicide and suicide. Incidents of suicide are growing rapidly among both children and adolescents, and it is the third leading cause of death in adolescence (Holinger & Offer, 1981). Reports of guns being confiscated from school grounds are frequently given by the news media, and gang-related violence is so prevalent it is being reported even in small towns. These statistics on the death of children are sobering figures when considering the number of parents and siblings affected each year.

Kastenbaum (1967) and Nagy (1948) reported that it was once accepted by social scientists and mental health professionals that children did not experience the emotion of grief to any great extent. In fact, it was believed that children grieved the death of a loved one in the same way and to the same extent as they would grieve the loss of a pet. The belief was that children did not have the mental and emotional capacity to understand or comprehend grief and bereavement. It was believed that a realistic conceptualization of death as being irreversible, inevitable, and natural could not be achieved before the ages of 7 to 10 years. Therefore, little work was done until recently to identify and understand the grief process for children.

In the early 1980s Bowlby (1980) and Raphael (1983) provided persuasive evidence that, with clear and concrete information, a child as young as 3 years of age can begin to grasp the essential concepts of death and the grief process. Another

forerunner in this movement was Elizabeth Kubler-Ross (1983), who worked with families of dying children and aided in our understanding of the dying and bereavement processes with regard to children. Work on understanding and identifying the grief process in children has focused on two main areas: (1) the grief process relative to the child's own death; and (2) the grief process relative to the death of a parent.

Statement of the Problem

In looking at the importance of the sibling experience, we see that sibling position and the influence of envy, jealousy, and sibling rivalry are important factors that are subject to continuous changes during the developmental phases. These factors can influence personality organization and character formation, and can lead to changes of defenses and symptoms (Bank & Kahn, 1982; Hogan & Greenfield, 1991; Mufson, 1985). Therefore, it can be seen that the death of a sibling can cause considerable disruption to the child as well as to the child's environment. Not only has the child lost a sibling, but in many instances the child has additionally "lost" a parental figure capable of caring for his or her daily emotional and physical needs (Pollock, 1986).

A review of the literature has indicated that the effects of childhood sibling loss have been minimally investigated. Short-term and long-term reactions have not been addressed in the areas of cognition, emotions, behaviors, interpersonal relationships, spirituality, and psychosocial development. Furthermore, a review of the literature has indicated that studies have focused on adolescence, and that no study has been

conducted that addresses a broad age range (from childhood through young adulthood) that would facilitate the investigation of both short- and long-term reactions.

Purpose of the Study

The purpose of this study was to investigate children's long- and short-term reactions relative to their experience of childhood sibling death in the areas of cognition, emotions, behaviors, interpersonal relationships, spirituality, and psychosocial development. This study was designed to aid both the professional and the layman in understanding the common reactions and possible effects of the experience of sibling death during childhood.

The research questions were as follows:

1. To investigate whether there are short-term and long-term reactions to childhood sibling death in the areas of cognition, emotions, behaviors, interpersonal relations, and spirituality.
2. To investigate whether any relationship exists between the experience of childhood sibling death and psychosocial development.
3. To investigate whether any relationship exists between the experience of childhood sibling death and level of depression at the time of this investigation.

Significance of the Study

According to recent research, the most difficult relatives to lose are children. Losses of either sons or daughters were associated with more unresolved grief than losses of any other relatives (Clayton, 1980; Gorer, 1965; Sanders, 1979-1980;

Videka-Sherman, 1982; Zisook & Lyons, 1988). Zisook and Lyons (1988) reported that the second most difficult loss, most often associated with unresolved grief, was that of a sibling or spouse. The Committee for the Study of Health Consequences of the Stress of Bereavement stated that, for some individuals, the pain of loss may continue for a lifetime, even when there is successful adaptation (Osterweis, Solomon, & Green, 1984). Therefore, we can see the significant impact that a death of a brother or sister has on the surviving siblings, and its possible lifelong effects.

It can be seen that the relationships developed and the experiences obtained during childhood have a lasting impact on the individual. Therefore, a traumatic event, such as the death of a family member, can have lasting effects upon the emotional and psychological development of an individual.

The majority of research on childhood bereavement has focused on the death of a parental figure. Only recently has research begun to investigate the impact of the death of a sibling on children. This research has generally focused on adolescents, and is very limited. Given the fact that the sibling relationship is one of the most influential relationships an individual can establish, it is essential that we gain an understanding of what effects the loss of this relationship has on a child. It is through the sibling relationship that individuals begin to define themselves as persons; develop their personality; develop defense mechanisms; establish character formation; frame reality testing; develop self-esteem; develop social abilities; develop capacity and trust for future intimate relationships; frame concepts and beliefs; develop concepts regarding the importance of learning; and, gain concepts of competition (Bank &

Kahn, 1982; Hogan & Greenfield, 1991; Mufson, 1985). Understanding the personal (ego) investment in one's siblings and the development-promoting aspects of the sibling relationship assists us in realizing that the death of a sibling has a major effect on the surviving child. Therefore, it can be seen that the death of a sibling can cause considerable disruption to the development of the surviving child.

Erikson's concept of developmental tasks and stages may be useful in investigating the effects of childhood sibling loss on the surviving sibling because it gives us a framework for evaluating the long-term effects on the subsequent psychosocial development of the surviving sibling. For example, if a child experiences the death of a sibling during infancy and is unable to successfully resolve the developmental task of trust versus mistrust, the individual may experience life-long difficulties in establishing long-lasting, intimate relationships. Additionally, the impact of childhood sibling loss on psychosocial development is important because of the role siblings play during childhood in facilitating progress and development in younger siblings. This study will address the effects the trauma of experiencing the death of a sibling during childhood has on the psychosocial development of the surviving sibling.

Definition of Terms

For the purpose of this study, the following terms were defined:

Advanced Psychosocial Development: Receiving a Total Resolution (TR) or overall score of 60 or more on the Measures of Psychosocial Development (MPD).

Age Appropriate Psychosocial Development: Receiving a Total Resolution (TR) or overall score of between 40-59 on the Measures of Psychosocial Development

(MPD).

Content Analysis: As stated by Patton (1990), "content analysis is the process of identifying, coding, and categorizing the primary patterns in the data." (p. 381)

Long-Term Reactions: Long-term reactions were divided into two categories and were defined as: those which began during the first 3 months after their sibling's death and have persisted, and those which began sometime after the first three months but were present at the time of this investigation.

Minimal Depression: Receiving a raw score in the range of 0-47 on the Reynolds Child Depression Scale (RCDS), or receiving a T-score less than 51 on the Multiscore Depression Inventory (MDI).

Mild Depression: Receiving a raw score in the range of 48-73 on the RCDS, or receiving a T-score of between 51-60 on the MDI.

Moderate Depression: Receiving a raw score in the range of 74-79 on the RCDS, or receiving a T-score of between 61-82 on the MDI.

Severe Depression: Receiving a raw score of 80 or above on the RCDS, or receiving a T-score of 83 or above on the MDI.

Psychosocial Development: The process by which an individual resolves sequential developmental tasks or crises, as outlined by Erik Erikson as follows: Trust vs. Mistrust, Autonomy vs. Shame and Doubt, Initiative vs. Guilt, Industry vs. Inferiority, Identity vs. Role Confusion, Intimacy vs. Isolation, Generativity vs. Stagnation, and Ego Integrity vs. Despair.

Psychosocial Developmental Difficulties: Receiving a Total Resolution (TR) or

overall score of 39 or less on the Measures of Psychosocial Development (MPD).

Short-Term Reactions: Those reactions which began within 3 months after their sibling's death and were reported as no longer present at the time of this investigation.

Delimitations

For the purpose of this study, the following delimitations were made:

1. The study limited itself to individuals who experienced the death of a sibling during childhood (birth to 25 years of age).
2. The study was limited to citizens of the United States.
3. The study limited itself to individuals who have some affiliation with "The Compassionate Friends."
4. The study was limited to individuals who were between the ages of 8 to 35 years of age at the time of the study.
5. The study included only psychosocial development as measured by the MPD.

Organization of the Study

Chapter 2 reviews the related literature on the experience of childhood sibling loss.

Chapter 3 presents details regarding the population and sample, instrumentation, procedures, and methods of data analysis.

Chapter 4 presents the case studies.

Chapter 5 presents the content analysis of the case studies.

Chapter 6 contains a summary, and a discussion of the findings, implications, and recommendations.

CHAPTER TWO

REVIEW OF THE LITERATURE

In chapter 1 the salient nature of the "sibling bond" and sibling bereavement during childhood was discussed. Zisook and Lyons (1988) reported that sibling loss was second only to parental bereavement for the death of a child in regard to poor bereavement resolution. This chapter addresses psychosocial development, variables in bereavement resolution among childhood surviving siblings, and the long-term effects of the experience of childhood sibling loss.

Many theories of development have been proposed over the years to address the psychological development of humans, including theories on emotional, personality, social, and cognitive development. This research investigation was concerned with the individual's psychosocial development--the ability to impact his or her environment, to develop intimate relationships, and to develop his or her self-concept or personal identity. Erik Erikson's theory of psychosocial development was utilized.

Erikson's Theory of Psychosocial Development

Erik Erikson presented his theory of psychosocial development in his first book, Childhood and Society, published in 1950 (Hawley, 1988). Erikson's theory outlined a series of eight stages of psychosocial development through which

individuals pass throughout their life span. It was based on psychoanalytical, biographical, historical, and anthropological methods of study. Erikson's theory was based loosely on Freud's theory of personality development, and, like Freud's stages of psychosexual development, maintains that each stage is marked by its own unique central crisis or conflict, which is the result of interacting biological, psychological, and cultural forces. For each conflict there is a possible positive or negative outcome, which emerges from successful and unsuccessful resolution. It is the resolution of these stage conflicts which dynamically forms the characteristics of individual personality (Hawley, 1988).

Trust Versus Mistrust

The first of Erikson's eight stages of psychosocial development takes place during the individual's first year of life, and includes the task of developing **trust versus mistrust**. It is during this first year of life that the child is most dependent on others, typically the parental figures and the mother in particular. If the child is consistently given the physical care, love, and nurturance it needs, it will begin to trust in its caregivers and to develop trust in self and others. If the child's needs are met inconsistently, or are unmet, the child may develop mistrust which may be expressed later in life by insecurity, suspiciousness, and an inability to relate positively to others (Benjamin, Hopkins, & Nation, 1987; Coon, 1986; Kaluger & Kaluger, 1986).

Autonomy Versus Shame and Doubt

The second task, which occurs during the second year of life, is that of

developing **autonomy versus shame and doubt**. This task focuses around the interactions with parental figures. Here children are beginning to explore themselves and their environment. They begin to walk, climb, say their first words, and interact with other family members and others in their environment, thus beginning their initial efforts to impact their environment. If children are not allowed to do things for themselves (are overprotected) or are ridiculed, their efforts to impact their environment may be frustrated and they may develop shame and doubt. However, if a parent supports and encourages the child's explorations and autonomy, the child will begin to develop a positive sense of self--autonomy (Benjamin et al., 1987; Coon, 1986; Kaluger & Kaluger, 1986).

Initiative Versus Guilt

The third task usually occurs between the ages of 3 through 5 years, when the child develops **initiative versus guilt**. At this stage, the entire family becomes the child's focus. Now the issue is not only doing things independently, but initiating these actions independent of others. This occurs largely through play, where the child learns to plan, initiate, and carry out a task. Parents foster initiative by encouraging children to ask questions, giving them choices and responsibility, and by encouraging play and imagination. When children are prevented from developing independence and initiative, they may begin to feel guilty for seeking to act independently or for attempting to impact their environment. The effects of this early development of guilt can be far-reaching and potentially debilitating to further development (Benjamin et al., 1987; Coon, 1986; Kaluger & Kaluger, 1986).

Industry Versus Inferiority

The fourth task takes place from the sixth year until puberty, and is the development of **industry versus inferiority**. During this time period, in addition to the importance of family members, the child is focusing on forming social relationships with neighbors and school mates. It is during this time period that children usually enter school and begin to learn the information and skills necessary to succeed in their environment and culture. Erikson's theory stresses the importance of successful resolution of preceding tasks as prerequisites for successful resolution of subsequent developmental tasks. In this case, children entering school who have learned self-doubt and dependence will find it difficult to successfully master the requirements of school and may view their capabilities as inferior to those around them. Up until this point, children's means of comparing their capabilities to others may have been limited to only family members and a few selected others. Now the child enters an environment where there are many other children around his or her own age from many various backgrounds. Additionally, now the child is hearing not only parental opinions, but also those of teachers, other adults, and other children. If the child is capable of mastering the tasks of these school years, and receives the corresponding praise and respect of those in their environment (teachers, other children, parents, and siblings), the child may develop a sense of competence or industry, as opposed to the child who receives only criticism and disapproval who may develop a sense of inferiority (Benjamin et al., 1987; Coon, 1986; Kaluger & Kaluger, 1986).

Identity Versus Role Confusion

The fifth task occurs during adolescence, and focuses on the development of **identity versus role confusion**. During this stage, peer groups become more important to the individual than ever before, assisting the individual in testing new skills, establishing new relationships, and trying new roles. It is during this time period that individuals begin to consider their role in life--their life's work, their values, and answers to such questions as "Who am I?" The individuals' sense of self comes to the forefront as they evaluate their self-perceptions and their relationships with others. Individuals begin to evaluate and integrate who they are and the roles they assume in life--daughter/son, friend, athlete, student, worker, child, and adult. If the individual cannot form a solidified self-perception, he or she may be unable to integrate various roles, conflicting values, and self-image. This may result in role confusion or a poorly defined identity (Benjamin et al., 1987; Coon, 1986; Kaluger & Kaluger, 1986).

Intimacy Versus Isolation

The sixth task of Erikson's psychosocial development occurs during early adulthood, and involves the development of **intimacy versus isolation**. During this stage, individuals focus on developing relationships, emphasize social skills, and seek intimacy. The focus is on developing interactions with others--friendships, marriage, competition, and cooperation. They desire to share meaningful love and deep feelings, and to form lasting relationships and deep friendships. This task emphasizes the ability to care about others, to be empathic, and to share experiences with others. The

inability to form deep and lasting relationships with others may lead to isolation and loneliness (Benjamin et al., 1987; Coon, 1986; Kaluger & Kaluger, 1986).

Generativity Versus Stagnation

The seventh task occurs during middle adulthood, and involves **generativity versus stagnation**. During this stage the individual is striving to maintain success both at work and at home. The individual begins to seek a sense of ability to impact and possibly guide future generations, and desires to become more involved with one's own children, seeing this as investing in future generations. He or she may also seek to leave some "mark" through a career that may be viewed as significant to future generations. In general, the individual is now not only interested in developing and caring about oneself, but becomes concerned about one's family, significant others, future generations, and society as a whole. Continuing to remain focused only on oneself may cause the individual to become bitter, trapped, and stagnant (Benjamin et al., 1987; Coon, 1986; Kaluger & Kaluger, 1986).

Integrity Versus Despair

The eighth task occurs during later adulthood, and involves establishing **integrity versus despair**. This is considered to be a time of reflection. Individuals may look back over their lives and evaluate the accomplishment, merits, and decisions made. If in looking back over their lives, they see a series of mistakes, missed opportunities, and poor choices, they may sink into despair. If, however, they can accept the choices made, and are globally satisfied with the life they have lived, they

may well feel a sense of dignity and integrity that provides security and peace during this phase of their life and existence (Benjamin et al., 1987; Coon, 1986; Kaluger & Kaluger, 1986).

Even though Erikson maintains that successful resolution of one task is dependent upon the successful resolution of the preceding developmental tasks, he does provide hope. Tasks that are not resolved will impact subsequent tasks, but he has stated that just because a task was not resolved during a particular time period, it can be readdressed and resolved at a later date. Therefore, one is never too old to change.

Variables in Bereavement Resolution Among Childhood Surviving Siblings

Many variables impact the child's ability to resolve grief and bereavement issues. These include, but are not limited to: the environment children find themselves in after their sibling's death, their age at the time of their sibling's death, and the age of their sibling at the time of death.

The Child's Environment

A child's grieving over a lost sibling is often misunderstood, and frequently overshadowed by the intense reaction of the parents. The remaining children are often forgotten, and even neglected emotionally and/or physically. The loss of a child is such a trauma for the parents that most of the immediate attention is given to attempting to cope with the loss themselves. Children who survive the death of a sibling have been labeled the "forgotten mourners" (Morse, 1984) because they receive many covert and overt messages to suppress, deny, and/or delay their grief. They are

often expected to assume responsibility for younger siblings, parents' needs, and additional household chores, thus postponing their own needs. As mentioned earlier, the most difficult loss to grieve is that of a child (Zisook & Lyons, 1988). This loss produces the highest incidence of prolonged-grief reactions and/or unresolved grief among parents and is complicated by several factors:

1. Often the family fails to talk together about the death of the child.
2. Each family member may be grieving in a different manner which may cause further isolation of each family member.
3. Each member experiences his or her own grief and is unable to provide support to other family members.
4. There is a high incidence of divorce among bereaved parents--particularly if they lack an external or societal support system.

In addition to dealing with the pain and sorrow of losing a child, a common reaction is for one or more parent to feel responsible for the death of the child, somehow blaming himself or herself for the death (Cain & Cain, 1964). This brings into question whether the parent can take care of the surviving children's needs. The children see the intense reactions the parents are having to the death of their sibling, and they begin to wonder who will take care of them if anything happens to their parents. When parents cannot fulfill their responsibilities to the surviving siblings, and when the focus is too concentrated on the dead child, the effects on these surviving children can be lifelong. These survivors can feel unloved, alone, and ignored during the bereavement period or they may become over-protected and over-invested with

care and apprehension. Both can cause the child to either regress to a former developmental stage or to remain fixated at a particular developmental stage.

In many cases, the remaining children and at least one of the parents blame themselves for the death of the child (Cain, Fast, Erikson, & Vaughn, 1964). Often there is a code of silence observed over this guilt. Krell and Rabkin (1979) hypothesized that three types of children emerged from families that participate in one or more of the following: silence as a result of guilt, overprotection and overinvestment in the remaining children, or the need to substitute one of the remaining children or a new birth (the replacement child) for the dead child. The three types of children were the haunted child, the bound child, and the resurrected child.

Haunted children remember what happened to their sibling and live in constant fear that they or another family member will die. These children may become the caretakers of their parents' feelings and struggle not to remind their parents of the dead child for fear that they will cry and become "unhappy." They hold in their own feelings, discussing them with no one. As a result, they will typically act out their feelings at school or other environment outside the home. They may also develop phobias or somatic symptoms.

Bound children are overprotected and overinvested in by parents, because their parents are fearful that they may lose another child. These fears lead to the development of a new family system that is closed, guarded, overprotective, and restrictive. These children are prevented from developing independence and self-

initiative. They often become angry with their parents and deceased sibling because they realize that they are no longer allowed to live as other children around them. This may eventually cause rebellion and rejection of the parents that sought to protect them.

Resurrected or replacement children are seen as substitutes and replacements for their lost sibling. This child is seen as a "second chance child," one through whom all the mistakes made with the deceased child can be rectified and atoned. These children are treated as though they were the dead child, and are not allowed to develop their own identity. Typically these children constantly hear how their looks, behaviors, likes, and dislikes are similar to those of the deceased. Even when the children do not look or act like the dead child, they are ascribed similar characteristics by their parent(s) (Ainslie & Solyom, 1986). They are constantly being compared, and are never loved entirely as a separate entity. Parents may believe that they are loving this child more than their other children, because they are also loving them for their deceased child. However, in actuality, the children are never accepted or loved for themselves, but always for themselves and their deceased sibling. This can cause severe personality disorders or possibly more serious psychotic behaviors (Pollock, 1986; Sourkes, 1987). These children are either conceived to replace the child who died, or they may be a "misidentified" child already present in the family system (Kirkley, 1983; Best & VanDevere, 1986). Replacement children may even be named after their deceased sibling (Pollock, 1986). Poznanski (1972) suggests that the replacement child acts as a barrier to parental acknowledgement of the death of the

child, because a real child exists as a substitute.

Legg and Sherick (1976) have pointed out that the parental cathexis may actually be directed toward the deceased child rather than toward the present child, which can greatly interfere with the establishing of an adequate level of responsiveness in the parent-infant relationship. These circumstances can lead to potentially devastating effects upon the replacement children themselves (Ainslie & Solym, 1986; Irving, 1984).

Pollock (1986) stated,

The comparison with the dead child, the idealization of the dead child, the inability to compete with a ghost--these can become insurmountable developmental tasks and can lead to identifications with the dead sibling, even to the point of expecting to have a similar death or to have one's future child die as did the sibling. Anniversaries, holidays, pilgrimages to the cemetery, and enshrined keepsakes can become the focus of uncompleted mourning. Healing cannot occur and at times one even seeks a sibling replacement. (p. 312)

The surprising fact here is that not only do parents of the child conceive replacement children, but also female siblings do as well, possibly attempting to replace the sibling relationship or to present their mother with a replacement child (Klyman, 1986).

Thus, the replacement child syndrome represents two tragedies: (1) the parent's or sibling's incomplete grieving of the loss, and (2) the child who is forever the replacement and, therefore, finds it difficult to develop his or her own identity (Ainslie & Solym, 1986).

Raphael (1983) identifies several family variables that inhibit or impede the child's grief recovery: the family in which (1) death and loss are never discussed, (2) someone must be to blame, and (3) things must go on as before. Raphael reported that

the family that functions with openness and sharing of feelings will facilitate children in their bereavement resolution.

In general, societal responses (the responses of peers, acquaintances, teachers, and friends) to the death of a sibling during childhood fall into two categories: (1) statements that convey that the surviving sibling should be strong for their parents, and (2) pointed silences about the loss. These silences are often interpreted by the surviving siblings as neglect of their needs.

Although it is understandable that individuals outside of the family have difficulty knowing what to say to a recently bereaved child or even knowing what their role should be in helping a child during this difficult time, research has suggested that societal responses may have a greater impact on surviving siblings than individuals outside the family may realize (Rosen, 1984-1985). When societal responses encourage the surviving siblings to further repress, deny, hide, and minimize their grief reactions, they can be experienced as negative and detrimental. However, the comments of friends may have a greater potential for helping surviving siblings than one might expect, because they are close enough to be trusted and yet far enough removed not to be struggling with the same intense grief reactions.

Surviving Sibling's Age at the Time of His or Her Sibling's Death

Several studies investigating children's notions of death have suggested stage-based conceptualizations (Anthony, 1940; Kane, 1979; Koocher, 1973; Melear, 1972; Nagy, 1948).

Previous research and investigations (Bowlby, 1980; Furman, 1974; Raphael, 1983) have indicated that as early as age of 3 it is possible for the child to begin the bereavement resolution process, when the following are provided: (1) accurate information about the death, by answering any questions directly with correct information appropriate to the child's developmental level, and clarification of misunderstandings; (2) permission by the family to grieve; and, (3) a secure environment both prior to and after the loss.

Children ages birth to 7 years

In discussing infant and young children's reactions to sibling death, it is important that we look not only at the child's level of cognitive ability and subsequent ability to process the concept of death, but that we also give consideration to the developmental tasks children are dealing with at the time of their sibling's death. For example, infants who are struggling with the issue of trust versus mistrust, must depend on their parents or others to meet their every need. Given that children have a narcissistic and ego-centric view of the world, they may well incorporate the grief and low-functioning of their caregivers into their "reality" which is encoded pre-verbally, and is difficult to address later in life. For a child dealing with issues of initiative vs. guilt, parental grief expressed in terms of overprotection may limit the child's attempts at autonomy and initiation. Children who experience sibling death in infancy or early childhood (particularly before the sixth year of life) are more likely than older children to experience serious difficulties later in life (Bendor, 1989; Rosen & Cohen, 1981). Sibling deaths during this time period are considered one factor in resulting

schizophrenic reactions later in life (Bendor, 1989; Rosen & Cohen, 1981).

Children ages 2-7 usually rely on personal fantasies or magical thinking (often rooted in the here and now) when dealing with death. Typically this is because they have not developed the concept of irreversibility. Most children at this developmental stage believe that death is gradual, happening to the very old. The preschooler sees death as reversible--even describing several ways one can avoid death (Betz & Poster, 1984; Kastenbaum, 1977; Nagy, 1948). The children usually do not realize that death is final until sometime later when the loved one does not return for special occasions.

Bertoia and Allan (1988) have stated that

part of the difficulty in accepting the reality of death at this age is normal egocentric thinking. Death is perceived as something that happens to others, not to the self. Anxiety can be caused by the child's concern about who will look after [their] basic needs, and by an egocentric belief that the child is, in some way, responsible for the death, through wishes or thoughts, bad behavior, anger, or neglect of responsibility. Frequently, young children are concerned about the physical well-being of the deceased, wondering how they keep warm and get food after burial. The concept of being dead is vaguely related to a cessation of biological functions: the dead pet is no longer capable of voluntary movement or breathing. (p. 31)

Children 5 to 8 years of age possess more knowledge about death, including some awareness of its finality and cause (Kane, 1979; Nagy, 1948; Reilly, Hasazi, & Bond, 1983). Weber and Fournier (1986) reported the responses about the deceased given by children of this age group. The responses tended to (1) be highly idiosyncratic, (2) reflect an unrealistic representation of time and space as children talked about the deceased person as if he or she were still alive, and (3) not include the emotional experiences of other family members.

Children ages 7 to 11 years

These children have acquired a mature conception of death that can be considered adult-like. Most children understand the finality and universality of death and that death implies the end of corporeal functioning (Melear, 1972; Nagy, 1948; Reilly et al., 1983; White, Elsom, & Prawat, 1978). This understanding is frequently accompanied by a fear of death and attempts to avoid or outmaneuver death, which at this age is often personified as skeletons, a monster in the closet, or some other predatory form (Betz & Poster, 1984). Sometimes children set excessively high standards for themselves in order to be perfect for a deceased loved one who they believe can still hear and see them (Gardner, 1983). Bertoia and Allan (1988) stated that "explanations and descriptions given to the child should be clear and specific to correspond to functioning at a concrete level and should come only after the child's thoughts have been heard" (p. 31).

Again one must consider the developmental tasks with which the school-age child is dealing, when considering the possible long-term consequences. These would include: the development of social skills; values; an understanding of cultural norms and mandates; personality; industry and productivity vs. inferiority; and a continued development of a sense of self--which may no longer be evaluated in relation to the deceased sibling. If the child has poor ego boundaries with the deceased sibling, or individual identity is vague, the interruption of this intrapsychic identification may have a crucial and possibly devastating effect on the surviving child's personality development (Bank & Kahn, 1982).

Children ages 11 to 15 years

Children of this age are able to use the experiences of other people when evaluating aspects of their own environment, and have a more realistic, naturalistic, and emotional perception of death and their deceased relatives. Because reciprocal interactions and learning from others is possible, these children are able to reflect on the emotional commitments they had with their deceased relatives and other family members. These adolescents are able to: (1) discuss the death in a manner that suggests an understanding of the permanence of death; (2) evaluate events surrounding the death realistically and compassionately; and, (3) look objectively at outside factors in their appraisal of the death and their relationship with their deceased relative (Weber & Fournier, 1986).

The psychological as well as the physical changes that occur during adolescence appear to make death seem impossible. This denial of his/her own mortality is manifested by the adolescent's death-defying involvement with speeding vehicles, experimentation with drugs and alcohol, and similar death-defying risks taken because of peer pressure and dares. Therefore, when death occurs, this is a sincere shock to individuals. It causes them to think about their own mortality, and about the fact that neither they nor others are invincible.

Given the salient nature of the sibling bond and the intricate nature of sibling roles and identity development, adolescence is a particularly vulnerable time to experience the death of a sibling. This is particularly important when considering that the developmental task of adolescence is the definition of a personal identity

(Osterweis et al., 1984). For adolescents grieving the death of a sibling, the tasks of defining and stabilizing personal identity and self-concepts must now take place in the absence of their deceased sibling, who up until this time was a principal referent. It is known that siblings impact each other's development. Hogan and Greenfield (1991) have reported, "The death of a sibling alters resolution of identity formation, identification, and other developmental tasks" (p. 100). Now adolescents have additional tasks of dealing with their own bereavement, that of their parents and siblings, as well as the developmental tasks of adolescence. The adolescent in a family grieving the death of a child may assume a parental role for younger siblings. This may interfere with the typical developmental tasks of adolescence, including emancipation from the family, independence, and an identity formation that is not based on a family role or identity. Additionally, all the while the adolescent is struggling to develop a personal identity, that identity must now always include the harsh realities of death and the death of an intrapsychic part of themselves.

Child's Age at the Time of It's Death

Children's reactions to perinatal death

Perinatal death is usually an invisible loss for the surviving sibling. Regardless of how the loss occurred, the sibling rarely sees the dead baby's body and usually hears very little from his/her parents about what happened. Children are also usually given little opportunity to express their feelings, thoughts, and questions. They may feel confused, alarmed, and betrayed over being kept in the dark and having to sort out

on their own how and why this terrible event occurred. The child may feel some guilt, perhaps over rivalrous or jealous feelings toward the unborn child, a prospective competitor. The child may also feel disappointment over losing a fantasized companion, an object of great value to boast about to friends, or a smaller and younger being who facilitates the surviving sibling's consolidation of feelings of power, nurturance, or maturity (Cain et al., 1964; Raphael, 1983).

While not talked about, the impact on surviving siblings from such a loss can be long lasting, affecting both their character development and the parent-child relationship (Leon, 1986). Some of the surviving sibling's immediate reactions to perinatal death have included severe anxiety, guilt, anger, sleep disturbances, phobic responses, somatic concerns, nightmares, death phobias, suicide attempts, separation anxiety, aggressive outbursts, and possibly assuming the role of the replacement child (Cain & Cain, 1964; Cain et al., 1964; Leon, 1986; Mandell, McNulty, & Carlson, 1983).

Children's reactions to older siblings' death

The sibling bond forms a strong and enduring attachment between individuals. When a child dies, the child's siblings carry that attachment throughout the remainder of their lives. Although the length of time the siblings had together is important, of equal importance is the shared relationship they had living in the same family unit. This family unit continues these ties to the deceased child even after the child's death. In addition, the child's death has forever changed the family members and reality for

the surviving siblings--their parents, their birth order, their siblings, and many times their priorities (Bank & Kahn, 1982).

The impact of the death of an older sibling may result in losing a role model or a competitor. Depending on the age differences between the siblings, and the significance of the sibling relationship, the surviving sibling experiences major personality changes. However, losing a younger sibling is considered to be more difficult to grieve, and may cause more severe reactions. One research study investigating childhood sibling loss in an adult psychiatric population found that surviving siblings developed psychosis if they had experienced the death of a younger rather than an older sibling (Rosenzweig & Bray, 1943). Therefore, childhood sibling loss has significant and long-term effects on the surviving siblings.

Summary of Variables

Savin (1987) identifies a number of factors that influence children's ability to work through the grief process, all of which are crucial to the mourner's ability to cope. They are as follows: (1) the degree of maturity the bereaved has reached, (2) the ability to understand the concept of death, (3) the degree of attachment to the deceased loved one, (4) the existence of a realistic concept of death, (5) the child's ability to tolerate and express longing, (6) the presence of a parent(s) who will support the child's remembering and longing, and, (7) most importantly, the child's relative freedom from anxiety.

Long-Term Effects of Childhood Sibling Loss

Balk (1983b) studied the long-term effects of childhood sibling loss on adolescents. He studied subjects' initial reactions and then their reactions 4 to 84 months later. He reported the following emotional responses (percentages of subjects are reported for initial and long-term reactions respectively): shock (88%, 30.3%), confusion (88%, 51%), relief (30.3%, 33.3%), numbness (66.7%, 12.1%), guilt (54.4%, 39.4%), depression (81.8%, 45.5%), fear (57.6%, 24.2%), loneliness (66.7%, 33.3%), and anger (75.8%, 27.3%).

Balk (1983b,c) found that the adolescents had difficulty discussing their sibling's death. Less than half reported that their parents helped them after the death, and one-fourth stated that their parents were not supportive at all. They reported that their parents became overly protective and that their friends did not understand or were uncertain or uncomfortable around them. Some felt they were avoided and had lost friends. Therefore, the adolescent feels disjointed from family and peers, perhaps becoming isolated, lonely, and depressed (Balk, 1983b,c).

Balk (1983a,b) reported that 70% of the adolescents reported sleep disturbances and one third reported that their eating habits were disrupted. Fifty percent reported hallucinations, 36% had thoughts of suicide, and 70% reported detrimental effects on grades and study habits. Forty-eight percent reported that they thought about their sibling after the death all of the time. Ninety-four percent reported that they missed their siblings on specific days throughout the year (such as holidays, birthdays, and on the anniversary of their sibling's death). Many adolescents reported that 2 or more

years after the death they still experienced tears, shaking, shortness of breath, and periods of heavy sobbing (Balk, 1983b,c).

Balk (1983a,b) indicated that 36.4% of the adolescents in his study reported a sense of increased maturity. Ninety-one percent stated that they learned at least one important lesson from the death. The lessons most frequently cited were (1) irrevocably bad things can happen in life, (2) people should be valued more while they are alive, and (3) there are ways to cope with adversity. In addition, 82% reported that they had turned to religion as one source of meaning since their sibling's death. Most reported that they valued each day and its potential more than they had prior to their sibling's death and that they had an increasing sense of contrast with the selves they remembered prior to their sibling's death.

Rosen (1984-85) reported similar findings as those reported by Balk (1983a,b,c). She used qualitative analysis to investigate the effects of childhood sibling death with a population of 159 subjects ages 15-74 years. Rosen (1984-85) evaluated circumstances of the loss, coping mechanisms utilized, individual reactions, familial reactions, and societal responses. She reported that 50% of the subjects in her study reported feelings of guilt. The subjects in her study also reported feeling sad, lonely, frightened, numb, and angry. Rosen (1984-85) also reported that surviving siblings reported difficulty talking to others about their deceased siblings. Seventy-six percent reported that they had been unable to talk with anyone about their deceased sibling (Rosen, 1984-85). Rosen (1984-85) also indicated that children who experience the death of a sibling may feel responsible to comfort one or both parents.

and feel responsible to compensate their parents for the loss they incurred.

Rosen (1986) stated,

As time passes, the loss of the sibling is neither forgotten nor mourned, but remains unexpressed. For some surviving siblings it emerges with the formation of their own family and the subsequent anxieties of parenthood. Others feel the "ghost" of their sibling in relationships with other adults in their lives. (p. 395)

Summary of Review of the Literature

Research in the area of bereavement and grief during childhood has generally focused on parental death. Little research has been done in the area of sibling bereavement. Thus far, research in the area of childhood sibling loss has focused on such issues as effects on creativity, religiosity, self-concept, self-esteem, and possible correlation with the development of schizophrenia. No study was found that investigated the effects of sibling loss on depression and psychosocial development and reactions to sibling loss and its effects on cognition, emotions, behaviors, interpersonal relations, and spirituality. Additionally, it can be seen that studying individuals from childhood through young adulthood may indicate both short-term and long-term reactions. This also has not yet been studied throughout this age range.

CHAPTER THREE

METHODOLOGY

Introduction

Chapter 3 describes the research design employed in investigating the short- and long-term reactions to the experience of childhood sibling death. This was a qualitative investigation using case studies and content analysis.

Population and Sample

The subjects in this study were individuals who experienced the death of a sibling prior to the age of 25 years, and were between the ages of 8 and 35 years at the time of the study. This included individuals whose sibling died before they were born. A sample of 30 subjects participated in this study, 20 females and 10 males. The subjects were placed in three groups composed of 10 subjects at each developmental level addressed by this research. The three developmental levels were: industry vs. inferiority (8 to 12 years of age), identity vs. role confusion (13 to 21 years of age), and intimacy vs. isolation (22 to 35 years of age). Authorization for this research had been granted by the Regional Coordinators and/or Chapter Leaders of "The Compassionate Friends." The subjects that participated in this research had some contact with the self-help organization "The Compassionate Friends." This criterion

was utilized to facilitate accessing individuals in this population, individuals who experienced the death of a sibling during childhood. "The Compassionate Friends" is an international self-help organization that has "chapters" (or self-governed groups) throughout the world. They are represented in 13 countries, and have over 660 chapters in the United States. The subjects in this study either belonged to a sibling group in this organization or had a parent, friend, or relative who was in some way in contact with "The Compassionate Friends."

"The Compassionate Friends" organization was selected for use in this research for two main reasons:

1. A pool from the general population would prove exceedingly difficult.
2. Given that subjects participated on a voluntary basis, it seemed to be most efficient to recruit subjects directly from an organization which includes individuals who fit the subject criteria.

The subjects that were involved in this study were voluntary participants that were recruited from "The Compassionate Friends." These subjects responded to a call for participants through a regional newsletter published by "The Compassionate Friends" in Central Ohio. The subjects that participated in this study reported that they had experienced the death of between one and three siblings. There were 26 incidents of childhood deaths within 22 families. Four of the subjects reported that they did not have any surviving siblings. There was an equal distribution of older and younger siblings' deaths. However, the subjects reported more incidents of male sibling death than of female sibling death by nearly two to one. These subjects had experienced the

deaths of their siblings between 11 months and 19 years prior to this investigation. This investigation took place at my office in Central Ohio, with the exception of one interview session which took place in the subject's home.

Instrumentation

The instruments used in this research included a structured interview, two depression scales, and a measure of psychosocial development. The structured interview used in this research was developed by me as outlined by DeVillis (1991). The Multiscore Depression Inventory (MDI) and the Reynolds Child Depression Scale (RCDS) were used to investigate depression. The Measures of Psychosocial Development (MPD) was used to investigate psychosocial development. It utilizes Erikson's stages of development.

Structured Interview Development

As outlined by DeVillis (1991), the structured interview was developed through (1) a review of related literature published in professional journals, and (2) initial interviews with members of the population to be sampled. In July 1991, a sample of 32 individuals was interviewed using a group interview technique that encouraged a "free-flow" discussion, and placed no restraints or guidelines on the topics addressed. The subjects were given two questions to answer:

1. "What was their experience of childhood sibling death?"
2. "What do they think would be the most important questions to be covered by someone who was attempting research on this topic?"

Their answers, along with topics gleaned from the literature review, were used to generate an item pool. Items were developed that addressed the same issue by being stated in a variety of forms. As stated by DeVillis (1991), "At this stage of the scale development process, it is better to be overinclusive, all other things being equal" (p. 56).

The "judging" process also aided in selecting how the item should read in the final scale or interview, by assisting the researcher in reviewing the item content, length of item, and reading difficulty level. Multiple positives or negatives, leading statements, and errors in grammar were also reduced as a result of the "judging" process. The item pool developed by this process went through three "judging" processes, where items were reviewed by experts in the field of mental health who also specialized in research methodology, child development, grief and bereavement, counseling psychology, educational psychology, and/or scale development.

The item pool was initially reviewed by 15 experts. It was then revised and reviewed by 10 members of the initial "judges." The selection of these particular "judges" was based on their geographical availability, and the individual's willingness to donate time to the judging process. After revising the item pool the second time, the item pool was reviewed a third time by members of the research committee.

At this time determination of the format to be used in the measurement (interview) was developed by me in conjunction with the member of the research committee who specializes in research methodology and scale development. Initially it was determined that a Likert-scale format would be utilized for empirical research.

However, after review of the material to be covered, it was determined that an interview format would be more efficient and effective. The items to be used in the structured interview were reviewed by the research committee and placed in the following categories: cognition, emotions, behaviors, interpersonal relations, and spirituality.

At this point the instrument developed was reviewed by 12 persons from the population to be sampled. These 12 people included individuals ranging in ages from 8 to 34 years. They were recruited by the chapter leaders of a chapter of "The Compassionate Friends" in Michigan. After discussing item clarity and importance, revisions were suggested. From this instrument, items for the structured interview were developed. The structured interview was then once again reviewed by the research committee and underwent a pilot study. At this point it was approved by the research committee (see appendix for a copy of the structured interview).

Measures of Psychosocial Development (MPD)

Hawley first published and copyrighted the Measures of Psychosocial Development (MPD) instrument in 1980; the most recent revised (or updated) version was published in 1988. The MPD is a self-report inventory which consists of 112 self-descriptive statements to which the individual must respond using a 5-point scale ("Very much like me" to "Not at all like me"). The MPD takes between 15-20 minutes for most respondents to complete, and may be hand scored. The MPD measures psychosocial development as based on Erikson's constructs of psychosocial

development. It was developed for use with individuals 13 years of age or older.

The MPD gives an overall index of psychosocial health, as well as subscale scores which evaluate positive and negative stage attitudes, and resolution for each of Erikson's eight stages. The inventory has a total of 24 subscales and three total scores. These subscales represent attitudes and dynamics outlined in Erikson's eight stages of psychosocial development. The subscales describe the individual's attitudes and resolution for each of Erikson's eight stages; there are eight positive, eight negative, and eight resolution subscales. The three total scales assess the individual's overall psychosocial adjustment.

Normative information

The normative data for the MPD is based on a sample of 2,480 individuals, ages 13 to 86 (Hawley, 1988). Hawley (1988) reported that the sample was largely an opportunity sample that was collected over a period of 7 years. Subjects were solicited for participation from schools and other organizations.

Positive, negative, and resolution scales

The subscale scores for the positive (P) and negative (N) subscales outline the individual's attitudes regarding the positive and negative attitudes that Erikson's stages propose need to be resolved (Hawley, 1988). Therefore, a high score on subscale P1 would suggest that the individual has a positive attitude towards trust. However, if the individual has a high score on subscale N1, this would suggest that he or she has a negative attitude towards trust, or a high degree of mistrust. The resolution (R) scores

suggest the status of conflict resolution for each of the eight stages. A low resolution score on R1 would suggest poor resolution of the specific stage conflict (Trust vs. Mistrust). Individuals who have successfully resolved the conflict of each of the eight stages would obtain high scores on the positive scales and low scores on the negative scales, and their resolution scores would be high (Hawley, 1988).

Total scores

The three total scores represent the score totals for the positive (TP), negative (TN), and resolution subscales respectively. These scores provide a general overview of the individual's current developmental functioning. The TP and TN scores give an overall measure of the individual's positive and negative attitudes associated with the eight developmental stages, and the TR score gives a measure of conflict resolution across the eight stages (Hawley, 1988). Average or high TR scores suggest an overall positive level of conflict resolution and psychosocial health, but do not rule out the possibility of active conflict for a specific stage. A low TR score suggests an overall low level of resolution of stage conflicts (Hawley, 1988).

Reliability

Hawley (1988) reported test-retest reliability coefficients for the MPD scales from a sample of 108 subjects which uniformly approached or exceeded .80. There was one exception--the coefficient for the subscale Inferiority was .67, which is an acceptable level for a personality test and for use in research.

A sample of 372 subjects yielded alpha coefficients of .65 to .84 for the

positive subscales and .69 to .83 for the negative subscales (Hawley, 1988). Given that coefficient alpha provides a conservative estimate of reliability, these scales have acceptable levels of internal consistency.

Construct validity

Hawley (1988) reported that construct validity was assessed using three self-report measures of Erikson's theory of personality development: the MPD, the Inventory of Psychosocial Development, and the Self-Description Questionnaire. The samples varied in size from 136 to 372, and not all subjects completed all three instruments. A multitrait-multimethod matrix design was used to investigate construct validity, which allowed a systematic examination of the convergent and discriminant validity of the MPD positive and negative subscales. This multitrait-multimethod analysis provided support for the construct validity of the MPD (Hawley, 1988).

Multiscore Depression Inventory (MDI)

Berndt (1986) described the Multiscore Depression Inventory (MDI) as a self-report questionnaire that measures the severity of depression and depressive features in adolescents and adults (ages 13 and older). The MDI was published in 1986, and is comprised of 118 true-false items. It not only yields a total score that indicates the severity of the respondent's overall depression, but also gives 10 relevant subscale scores that measure specific aspects of depression including: low energy, pessimism, cognitive difficulty, irritability, guilt, sad mood, low self-esteem, instrumental helplessness, social introversion, and learned helplessness (Berndt, 1986). Subscale

scores are reported to provide information related to sources of the depression. The MDI takes 20-25 minutes to complete, and may be hand scored. The manual gives interpretative guidelines that assist in detecting faking and response biases, and provide a method of estimating validity. The MDI T-scores fall within ranges of depression including: nondepressed, mild, moderate, and severe depression.

The MDI is reported to be particularly useful with a nonclinical, or normal population, in that its items avoid the strong wording typical of other depression questionnaires. The MDI's wording may, therefore, be less objectionable to mildly or situationally depressed individuals. It was originally designed for, and normed on, nonclinical populations.

Kramer and Conoley (1992) reported:

The MDI is recommended for clinical and research uses. Its development is exemplary and its potential is great. . . . In sum, the MDI is a reliable and easily administered objective measure of severity of depression that can be used in a wide range of settings with diverse populations. Scale development and validation meet high quality standards. (pp. 584-585)

Reliability

Berndt (1986) reported that two types of reliability were investigated for the MDI, internal consistency reliability and test-retest reliability. Berndt (1986) reported coefficient alpha estimates derived from five samples that ranged from .70 to .91. These samples accessed subjects from college campuses and outpatient medical settings. The full scale reliability appeared to be stable across all five samples, at .96 or .97. These alpha coefficients compare favorably with the internal consistency reliability of comparable self-report measures of depression, including Zung's Self-

rating Depression Scale and the Beck Depression Inventory (Berndt, 1986). Test-retest reliability utilized two samples of college students and a 3-week test-retest interval.

The Full Scale MDI test-retest reliability was reported as .82 (Berndt, 1986). Berndt (1986) also reported that the subscale test-retest reliability was stable over time.

Validity

Berndt (1986) reported that the concurrent validity for the MDI was measured using a variety of self-report and observer rating instruments. These included the Beck Depression Inventory, the Depression Adjective Check List, and the Hamilton Depression Rating Scale. The results yielded high correlations of .69, .77, and .66 respectively. Item validity yielded correlations that were all highly significant and that ranged from .63 to .47. Berndt (1986) also reported favorable results on testing of the face, concurrent, and criterion-related validity of subscales. Berndt (1986) outlined the two methods used to assess construct validity, a principal components factor analysis and a cluster analysis. He reported that both generally supported the construct validity of the subscales.

Reynolds Child Depression Scale (RCDS)

Reynolds (1989) reported that the Reynolds Child Depression Scale (RCDS) is a self-report, paper-and-pencil measure that was developed to screen for depression in children. Its 30 items are rated on a 4-point scale that ranges from "Almost Never" to "All the Time." The RCDS can be completed in 10 to 15 minutes, and is hand-scorable. It was intended to be used in clinical settings, schools, and research. It was

written at a second-grade level and is intended to be used with children grades 3 to 6 (ages 8 to 12 years). The RCDS yields a total score indicating severity of depression.

Normative information

Reynolds (1989) reported the use of separate sample norms based on variables such as gender and grade level. The manual provides separate tables of percentile norms for gender and grade level. Reynolds (1989) indicated that this is not necessary for a depression scale.

Reliability

Reynolds (1989) in the RCDS manual reported reliability coefficients ranging from .87 to .91, total sample alpha reliability of .90, and split-half reliability of .89. Additionally, the internal consistency was high for both males and females, .89 and .90 respectively. Two studies examined the test-retest reliability of the RCDS, and coefficients of .82 and .85 were obtained (Reynolds, 1989).

Validity

Content validity was demonstrated utilizing item congruence with clinically specified symptomatology and item-total scale correlations (Reynolds, 1989). The item-total scale correlation coefficients were generally high, with the majority of the correlations in the .40s and .50s. Reynolds (1989) reported that typically coefficients that range from .30 to .50 are considered substantial. Criterion-related validity studies utilized the Children's Depression Rating Scale-Revised in conjunction with the RCDS to establish highly significant correlations of .76 to .84. Reynolds (1989) also reported

on construct validity and factor analysis studies, both of which proved satisfactory.

Kramer and Conoley (1992) in their review of the RCDS indicated:

Information regarding reliability and validity is quite impressive, overall, especially considering the recent publication date of the RCDS. Internal consistency coefficients (coefficient alpha), and split-half coefficients, corrected for length by the Spearman-Brown formula, were in the upper .80s and lower .90s within and across grades, gender, and ethnic groups, as well as for a subset of learning disabled children. Findings by seven other investigators are presented in the manual with similar results. Test-retest reliability was surprisingly good (.82 and .85), given that depression is probably a state construct to some degree. . . . Criterion-related validity was supported by comparing RCDS performance with scores on two other measures of depression in children. There were seven such studies conducted by other researchers, and in all instances, significant correlations in the mid-.70s were obtained. Construct validity was investigated by attempts to establish convergent and divergent validity. Moderately high convergence was found in five studies using measures of self-esteem and three studies of anxiety. Low convergence (i.e., divergence) was found in six studies using measures of academic achievement. . . . Finally, there is also evidence of the scale's clinical utility; the scale's specificity of 97% and sensitivity of 73% are adequate. . . . In summary, the RCDS provides reliable, valid information regarding the severity of depressive symptoms in children in grades three through six. (pp. 769-771)

Administration of the Instruments and Interview

The structured interview was administered first, followed by the administration of the instruments. The instruments were given after the structured interview, so that the content of the instruments would not interfere with the subject's responses during the structured interview. Demographic information and facts regarding the subject's brother or sister's death were taken at the beginning of the structured interview. The instruments were administered at one sitting, on a one-to-one basis. Additionally, I was on-site to answer the subjects' questions regarding the instruments.

Subject Participation

The subjects participated on a voluntary basis and were informed as to what the research would entail prior to the structured interview and the administration of the instruments. The subjects also were instructed that all the information obtained would be confidential. The subjects were informed that individual test results would not be reported to anyone, and that no one would have access to the protocols other than the test administrator. The subjects were instructed to answer as honestly as possible, since this would give the most valid results.

Prior to beginning the structured interview, I obtained signed informed consent forms from the subject and parent or legal guardian where necessary. This included signed consent from parents or legal guardians of children between the ages of 8 to 18 years of age. Two or more local mental health professionals were identified prior to the onset of research at each geographical location. This was done in case a subject desired professional intervention after participating in this study. The mental health professionals were identified, but no guarantee or recommendation as to their effectiveness was given. I referred subjects to these professionals as the need or desire arose. Additionally, I debriefed each subject and was available to answer further questions as needed. The results of this study were made available to the subjects.

Methodological Assumptions

The methodological assumptions were as follows:

1. Each individual was able to understand and respond accordingly to the individual test items.
2. Each individual answered openly and honestly the individual test items and

interview questions.

3. The instruments and interviews covered a wide variety of topics that allowed me to identify common reactions individuals have to the death of a sibling.

Data Analysis

Case study and content analysis were utilized for this research study. Results from the structured interview, depression instruments, and psychosocial development instrument were used to develop case studies. Content analysis was then used to evaluate subjects' short- and long-term reactions. The subjects' responses were coded for short-term or long-term reactions. The coding used was Then, Now, Both, or Neither. The subjects were evaluated in groups according to (1) the subject's age at the time of the study, and (2) the subject's age at the time of their sibling's death.

Limitations to this study can be seen in the fact that a complete random sampling of all children who have experienced the death of a sibling was not possible. Another limitation was the use of subjects who had some contact with the self-help group "The Compassionate Friends." Additionally, due to the nature of the study and the amount of time needed for the interview procedure, a smaller sample population (n=30) and geographical limitations were utilized. Another limitation was that the population assessed was reflective of the ethnic diversity of "The Compassionate Friends" organization and not of the general national population. However, given the magnitude of obtaining all the information this research gathered, the limitations were not debilitating.

CHAPTER FOUR

CASE STUDIES

The data for this study were collected directly from the subjects on an individual basis. The information was reported by the subject during the structured interview and on the self-report instruments. The data obtained from these subject reports were then developed into the following case studies. These case studies include information obtained through direct inquiry from the self-report instruments and the structured interview, as well as information obtained from the subjects through spontaneous disclosures. The following case studies are reported using pseudonyms.

Case Study 1

Randy was an 11-year-old boy, who was in the fifth grade. He had three living siblings, two older and one younger. Eight-and-a-half years ago his infant sister died of Sudden Infant Death Syndrome (SIDS) when she was 5 months old. Randy stated that he remembers the day, even though he was not yet 3 years old. He reported that he was the one who discovered the body. "Every so often my mom would ask me to go into her room and raise her arm. She told me that if everything was all right she would move her arm. Mom sent me in one time while she was upstairs, and this time she didn't move her arm. I went and got mom. She was dead."

During the first 3 months after his sister died, Randy stated that he felt scared, was sad and cried often, began wetting the bed again, and experienced nightmares. He stated, "I had a couple of nightmares about her dying." He also reported feeling guilty. He stated, "When she died I thought it was my fault because I was being bad when she died." He reported feeling that he has had to live his life for his sister who died. Randy indicated that he remains sad and cries often.

Randy attended his sister's funeral, but was not involved with the funeral arrangements. He reported that he was satisfied with his level of involvement with the funeral arrangements and funeral. He stated that, both initially and now, he visits his sister's grave "every holiday and sometimes in between," and that he has always preferred to visit the grave with his "whole family."

When asked about changes in his interpersonal relationships, he reported that his parents and siblings have been supportive throughout, and that he can talk with his family about his sister and her death. He reported that ever since his sister's death his parents have been more protective of him. Randy indicated that he has enjoyed spending time with his family and has tried to make them happy. He has attempted to make his parents and siblings feel better when they are sad, and has tried to comfort and support them. His parents have since had another child, a boy. This child knows about his sister who died and talks about her. Since the child's birth, Randy has taken care of this child, and acts as a parental figure for the child. Randy stated that his mother has helped the most in dealing with his sister's death. She helped him understand that it was not his fault, and "that God wanted her (his sister) so He picked

her up and took her to heaven."

Randy reported having several friends. At the time of his sister's death he was too young to know how her death may have had an impact on his friendships. However, he indicated that now his friends understand his feelings about his sister and her death. He also stated that he can talk freely with his friends about his sister and her death. He believes that he chooses supportive friends, who have a positive influence on him. When Randy was asked how he responds to others who ask how many brothers and sisters he has, he responded, "I should have two brothers and two sisters, but one died."

Randy indicated that he has missed his sister more at certain times of the year. These times include holidays, "mostly at Christmas, because that's when our whole family is together." When asked if certain years were more difficult than others, he stated that "the year after she died was the hardest." He indicated that he has missed playing with her, and remembers "rolling the ball past her and then she'd crawl after it." He reported having pictures of her that help him remember her. His parents have also kept one of her dolls, which helps him remember her.

Randy's results on the RCDS placed him in the average range for his age group and gender (PR=56). This would not suggest he was clinically depressed, but may indicate mild depression. Randy endorsed several critical items on the RCDS, indicating that he sometimes feels sad, feels like hiding from people, and feels like running away. Overall, his responses indicated that he may be experiencing mild depression.

Case Study 2

Dana was an 11-year-old girl, who was in the fifth grade. Dana was 2 1/2 years of age when her older brother died. He was 9 1/2 years of age when he drowned after falling through the ice on a pond by their house. Dana has no memory of being told of her brother's death at the time of the accident. She has three surviving siblings, two older sisters and a younger brother.

Dana indicated that initially she was sad and cried often, and wished that she were dead. She reported that she continues to be sad, cries often, and wishes she were dead. Dana stated, "I wish that I could die so that I could go up and see him." However, she reported that she has never thought about or tried to kill herself. Dana has difficulty eating now, and stated that she "has stomach aches every time after eating." She was uncertain whether her brother's death had an impact on her toilet training at the time, because she has no memory of this. Initially, she had difficulty trusting in her own and her family's personal safety after her brother's death. She feared that someone else would be hurt or die. She indicated that she continues to be afraid that she or another member of her family will be injured or become ill and die. Dana stated that she also has had difficulty trusting others now because of her brother's death.

Dana did not attend her brother's funeral, and does not regret this. Both initially and now she visits his grave at "holidays." She initially preferred to visit her brother's grave only with her parents, but now prefers to visit his grave with "the whole family."

Dana indicated that she believes her brother's death has affected her interpersonal relationships with her family and friends. She stated that her parents have recently been supportive, but cannot remember what happened immediately following her brother's death because she was too young. She also indicated that her parents are more protective of her now than they were before her brother's death. She has been unable to talk with her parents about her brother or his death, because "I can see it makes them sad when we talk about it, and that they really don't want to talk about it." She indicated that she has not wanted to upset her parents, and has tried to make them happy. She has tried to get their minds off her brother, and to elevate their mood when they are feeling sad. She stated that she has done this ever since she can remember.

Dana stated that she has felt that she has had to compete with her deceased brother for her parents' attention, approval, and love. However, she has enjoyed spending time with them. Dana indicated that she has also enjoyed spending time with her surviving siblings and has felt they are supportive of her. However, she never has been able to talk with them about her brother or his death. She indicated that she has tried to make her surviving siblings happy, to comfort them, and has "parented" her younger brother. She reported that she has taken on their happiness as her responsibility. Her surviving siblings have had difficulty with their brother's death. Her older sister began to abuse drugs and alcohol, and attempted suicide after her brother's death.

Many of Dana's friends remember her brother, and talk about him. Dana

stated, "I really don't like to be around them when they talk about him, because it makes me feel real sad." She has not found anyone she feels she can talk with about her brother and his death. She does not talk with her friends, and indicated that they do not understand her feelings about her brother and his death. She reported that her friends only understand that she "does not like talking about it." When Dana was asked how she responds to others who ask how many brothers and sisters she has, she responded, "I have two sisters and two brothers, but one is dead."

Dana reported that she missed her brother more at holidays, on his birthday, and on the day he died. She also misses him more when she visits his grave. Dana has kept pictures of her brother that help her remember him. When asked what she missed most about her brother, she responded that she particularly missed the way he used to play with her and her other brothers and sisters. "He was real active, and he used to always like to play with us." Dana stated the hardest year for her was when she turned 9 years old, the age her brother was when he died. She believes that her brother's death has changed her life by making her "sadder." Now, "I feel guilty when I laugh and am happy," because he is dead.

Dana stated that her parents have helped her the most in dealing with her brother's death. "They would like to talk about him, and they'd try and help me feel better and not think about him and stuff." She reported that her belief in God has also helped, and that her brother's death has not had any impact on her belief in God. She indicated that she has "a good relationship with Him."

Dana's results on the RCDS placed her in the average range for her age group

and gender (PR=48). These results suggested that although Dana was not clinically depressed, she may have been experiencing mild depression. This was supported by her reporting that she feels like running away sometimes.

Case Study 3

Leslie was an 11-year-old girl, who was in the sixth grade. She was 6 years old when her infant brother died of suffocation. Her brother was asleep on her parents' waterbed. He rolled over and suffocated on the bed. Her brother was 5 months old when he died. She reported that her family continues to blame her father, who was taking care of the children at the time of her brother's death. Leslie has one surviving sibling, a brother. She also has two sisters from her father's previous marriage.

Leslie stated that initially she was sad and cried often, and worried that another member of her family would be injured or die. She initially had difficulty trusting in her own and her family's personal safety because of her brother's death. She initially experienced nightmares, particularly about her brother. Both initially and now, Leslie reported feeling that she must live her life for her brother who died.

Leslie attended her brother's funeral, and "helped pick out the tombstone." During the first few months after her brother's death, Leslie visited her brother's grave every week. Now she visits his grave approximately 4 times per year, particularly at Christmas and on his birthday. She has always preferred to visit her brother's grave with her mother.

Leslie stated that her parents have been supportive of her since her brother's

death, but that they have also been more protective of her. She reported that she has enjoyed spending time with her parents, and has now tried to make them happy. She has tried to take care of them, to make them feel better, and to get their minds off her deceased brother. Leslie reported she has never been able to talk with them about her brother or his death. Leslie also indicated that she has enjoyed spending time with her surviving brother and half sisters, and has felt they have been supportive. She reported, however, she has been unable to talk with her siblings about her brother or his death.

Leslie stated that her friends have understood her feelings about her brother and his death, but that only recently has she been able to talk freely with them about her brother and his death. She stated that she chooses supportive friends who have a positive influence on her.

When Leslie was asked how she responds to others who ask how many brothers and sisters she has, she responded, "I have a step-sister, a step-brother, I have Ben, and I have Tony who is dead." Leslie does not believe that her brother's death has changed her life, or has had any impact on her willingness to be happy or successful. She has kept pictures of her brother to help her remember him. When asked what she misses most about her brother, she stated, "Him. His great attitude, he was funny and mischief [mischievous]." Leslie's half-sister has helped her the most in dealing with her brother's death. She also stated that her relationship with God has helped her. She indicated she "grew closer" to God, because of her brother's death.

Leslie's responses on the RCDS placed her in the low average range of her

age group and gender (PR=43). These results suggested that she was not clinically depressed, but appeared to indicate mild depression. Leslie's responses indicated that she feels loved "sometimes."

Case Study 4

Sally was a 12-year-old girl, who was in the sixth grade. She was 11 when her brother died. Her brother was 19 years old when he committed suicide. He was killed instantly by a gunshot wound to the head. Sally was told by her mother that morning as she was getting ready for school. Sally does not have any surviving siblings.

During the first 3 months after her brother died, Sally reported that she was angry, had difficulty concentrating, felt sad and cried often, that her grades in school "fell," and that she wished she were dead. Sally indicated that she contemplated killing herself during these first few months, but stated she has not thought about it for the past 6 months. She indicated that she had nightmares during these first few months, where she or her brother would get hurt or killed. She stated that she felt guilty "that I wasn't there when he killed himself." Sally indicated that since her brother's death she has felt she must live her life for her deceased brother.

Sally has had difficulty trusting in her own and her family's personal safety since her brother's death. She stated that she fears that someone else will get hurt or die. She also has had difficulty trusting others since her brother's death. She indicated that her difficulty trusting others was a result of her brother's death. Sally stated that she and her brother were a lot alike "the way we acted sometimes." Sally's responses appeared to indicate that she has appropriate ego boundaries with her

deceased sibling.

Sally went to her brother's funeral, but was not involved with the funeral arrangements. She was satisfied with her involvement with the funeral arrangements. During the first 3 months, Sally visited her brother's grave two times each week, but now visits once every two weeks. Initially, she preferred to visit her brother's grave with her mother, but now it "doesn't matter." However, now she only visits her brother's grave with her mother, because "no body else usually goes."

Sally indicated that her brother's death has affected her relationship with her parents and friends. She stated that she has argued more with her parents since her brother's death. Sally described her parents as supportive and has enjoyed spending time with them since her brother's death. Sally reported that during the first 3 months, she was able to talk with them about her brother and his death, but has been unable to talk with them since. During this time, her parents were more protective of her. Sally indicated that her parents would not have missed her as much if she had died. Since his death, she has tried to make her parents happy, to take care of them, and to comfort them. Sally's friends have not understood her feelings about her brother and his death, so she has rarely been able to talk with them about him or his death. "At first they were all liking me, and then nobody invited me over or came over to my house or anything." She developed a new set of friends after her brother's death. She reported that some of her friends have been supportive and have had a positive influence on her, but that others were not. She stated that some of her friends were in "gangs." Sally indicated that generally others were supportive of her after her

brother died. She stated that meeting new people is difficult. When Sally was asked how she responds to others who ask how many brothers and sisters she has, she responded, "'One.' I just say he died."

Sally stated that she has missed her brother a lot this year, but particularly at Christmas, on his birthday, and on her own birthday. She indicated that this first year has been very difficult. She reported that she "keeps his memory alive" by looking at pictures of him, wearing his clothes, and has had dreams of "good times" they had together. What she has missed the most has been "being around him and his girlfriends and friends." She indicated that she has stayed in contact with one of his male friends. She reported her brother's death has caused her to grow up faster, and that sometimes now "I feel guilty for being happy." Sally has found people she can talk with about her brother and his death: a therapist and "my pen pals in the Compassionate Friends." She indicated that her mother has helped her the most in dealing with her brother's death, "by talking about him and that." Sally stated that her brother's death has strengthened her belief in God, stating, "It's been bringing me a little bit closer." She indicated that she believes her brother is in heaven.

Sally's results on the RCDS placed her in the average range for her age group and gender (PR=45). These results suggested that although she did not appear to be clinically depressed, she may have been experiencing mild depression. Her responses indicated that she sometimes feels her parents do not like her, that she wants to hide from people, and feels like running away. These critical items appear to suggest that she may be experiencing mild depression, and are consistent with her responses during

the structured interview.

Case Study 5

Cathy was a 9-year-old girl, who was in the third grade. When she was 7 years old, her younger brother died of heart failure. He was born with a congenital heart defect and died while waiting for a heart donor. He had been in the hospital for 2 months prior to his death, and died when he was just under 2 years of age. Cathy has two surviving sisters, one older and one younger. Her parents began separation proceedings prior to her brother's death, and are now separated.

During the first 3 months after her brother died, Cathy reported that she had difficulty sleeping, was sad and cried often, and experienced an increase in risk taking behaviors. She has had difficulty trusting in her own and her family's personal safety because of her brother's death. Cathy indicated that since her brother's death, she has feared that someone else would get hurt or become ill and die. Since her brother's death, she also has had difficulty trusting others. Cathy reported that she has felt that she must live her life for her brother since his death. She stated that she has continued to be sad often, and has wished she were dead. She indicated that her brother was a lot like her, in that "we both had blue eyes, were skinny, and had long legs." However, appropriate ego boundaries appeared to be intact.

Cathy went to her brother's funeral and helped pick out his clothes and casket. She was satisfied with her level of involvement with his funeral arrangements. During the first 3 months after her brother's death, Cathy visited his grave once a week. Now she visits once every week or two. She indicated that she has preferred to visit her

brother's grave with her mother and sisters.

Cathy reported that her parents have been supportive of her and that she has enjoyed spending time with them since her brother's death. She also indicated that they have been more protective of her since his death. She stated that she has been able to talk with her parents about her brother and his death. However, she changes the subject if her parents become sad or cry. She indicated that she has tried to make her parents happy, to help them feel better if they are sad, and has attempted to take care of them. She has become watchful of her parents' needs and moods since her brother's death. Since her brother's death, she has also tried to make her sisters happy. Now she has attempted to parent her younger sister. She stated that her sisters have been supportive of her, and that she has enjoyed being with them. However, she has been unable to talk with her sisters about their brother or his death. She indicated that she has now been able to talk freely with her friends about her brother and his death, but was unable to initially. She reported that she has the same friends she had before her brother died, and that they are supportive and have a positive influence on her. When Cathy was asked how she responds to others who ask how many brothers and sisters she has, she stated, "I have a brother and two sisters."

Cathy has missed her brother more on his birthday, and on the day he died. The first year after his death was the hardest for her. Now she has attempted to keep his memory alive by keeping his picture and several things that belonged to him in her room. She has two teddy bears and a blanket that belonged to him. She also has good dreams about him at night, which help her remember him and give her a feeling

of peace. She has missed "his smile, and his laugh, and his skinny little legs" the most. She was unsure how his death has changed her life, but stated that since his death "I feel like I have to get good grades in school so that my mom will be proud of me."

Cathy has been able to talk with her mother about her brother and his death. She stated that her mother, and "my whole family really," have helped her the most in dealing with her brother's death. "When I'm feeling sad they like cheer me up and stuff." She also has found comfort from her relationship with God. She indicated that she is "now closer to God," than she was before his death. Initially, she was angry with God for taking away her brother. She stated, "It made me angry with Him because He took Roger."

Cathy's results on the RCDS placed her in the low range for her age group and gender (PR=21). Her results indicated that she was not clinically depressed, but may have been experiencing minimal depression. Her responses on the RCDS were consistent with those given during the structured interview, both indicating that she frequently experiences stomach aches.

Case Study 6

Teresa was a 12-year-old girl, who was in the sixth grade. When she was 4 years old, her older brother drowned in a nearby pond. Her 9-year-old brother was waiting with other children for the school bus to pick them up for school. While waiting, a child threw a teddy bear out onto the frozen pond and dared Teresa's brother to go out and get it. He did and upon returning the ice broke causing him to

fall into the freezing water. He died 2 days later in the hospital. His death was ruled a cold-water drowning. Teresa has three surviving siblings, an older sister and a younger brother and sister. Teresa indicated that she was told by her grandmother that her brother had drowned. She was not permitted to see her brother at the hospital before he died.

Teresa began wetting the bed again after her brother died. She stated that she also began doing dangerous or "risky" things right after her brother died. During those first 3 months she reported being sad and crying often, and was scared that someone else in her family would be hurt or killed. She still has difficulty trusting in her own and her family's personal safety. She also continues to be sad and cries often. "I get a lump in my throat still when I talk about it." Teresa stated that when she turned 9 years old, "I was scared that I was going to die too." This caused her to have severe stomach aches for a number of months. She appeared to have poor ego differentiation with her brother.

Teresa was not involved with her brother's funeral arrangements, and was not permitted to attend his funeral. She stated, "I wish I would have been involved more. I could have seen him at the hospital and could have gone to the funeral." She does not remember how often she visited her brother's grave during the first 3 months after his death. She indicated that now she visits his grave on holidays. She has always preferred to visit his grave with her younger sister.

Teresa reported that her parents have been supportive and more protective of her since her brother's death, and that she has enjoyed spending time with them.

During the first 3 months she was able to talk with her parents about her brother's death, but has been unable to since that time. Also, she has never been able to talk with them about her brother. She tries to make her parents happy, so she avoids the topic. She has tried to comfort and care for her parents since her brother's death.

Teresa reported that her brother's death brought her closer to her surviving siblings. Yet she does not think that they have been supportive of her. She has been unable to talk with her siblings about their brother or his death, except "sometimes now I can talk with my younger sister about him." She stated that she has been more protective now of her surviving siblings. Since her brother's death she has enjoyed spending time with them, has tried to make them happy, has tried to comfort them, and has "parented" them. Teresa reported that her surviving siblings have taken their brother's death very hard, especially her older sister, who has tried unsuccessfully to commit suicide three times. She has not attempted suicide for a couple of years now. This same sister has had difficulty with drugs and alcohol since her brother's death.

Teresa stated that she chooses supportive friends who have a positive influence on her, but indicated that they do not understand her feelings about her brother and his death. She reported that she has been unable to talk with them about her brother and his death. When Teresa was asked how she responds to others who ask how many brothers and sisters she has, she responded, "Two sisters and two brothers, but one is not with us today."

Teresa has had good dreams recently that have helped her remember her brother. She has dreamed of him "coming down out of heaven and visiting us." She

stated that these dreams have made her feel "peaceful, sad, and happy." She also has kept pictures to help her remember him. She has missed her brother more at Christmas, on his birthday, and on the anniversaries of the day he died. She reported the most difficult year for her since her brother's death was the year she turned 9 years old. She was fearful that she too would die, and had frequent stomach aches. When asked what she has missed most about her brother, she indicated that she has remembered her brother "would be rowdy with us, give us piggy-back rides, and just play with us." She reported that her brother's death has not changed her life, but has felt that now she has a stronger desire to be an "A" student." She has talked with her mother about her brother and his death, and believes that her mother has helped her the most in dealing with her brother's death. "She talks to me about it and if I have problems with it I can always count on her to be there." She also has found comfort in her religion. She reported that her brother's death has not had any impact on her relationship with God. "I know some people are mad at God because they think God took the child away, but I don't believe that way."

Teresa's results on the RCDS placed her in the low to low average range for her age group and gender (PR=38). These results suggested that Teresa was not clinically depressed, but that she may have been experiencing mild depression.

Case Study 7

Tommy was an 8-year-old boy, who was in the third grade. When he was 2 1/2 years old, his infant brother died of suffocation. His brother was 5 1/2 months old when he suffocated on his parents' waterbed. The father was watching the children at

the time of the accident. He blames himself, as does the whole family, for his son's death. Tommy has one surviving sibling, an older sister.

During the first 3 months after his brother's death, Tommy stated that he was scared, sad, and cried often. He had nightmares and was fearful that another member of his family would be hurt or killed. He had difficulty trusting others, as well as difficulty trusting in his own and his family's personal safety because of his brother's death during these first few months. He indicated that he felt guilty because "I didn't check on him" at the time of his death. He also reported that initially he had wished that he were dead too. Tommy indicated that he has continued to be sad often, and has continued to experience nightmares. Tommy reported that since his brother's death, he has felt that he has had to live his life for his brother. Tommy stated, "Sometimes I get me mixed up with him and him mixed up with me. I call myself 'Wesley.'" Tommy also reported that his brother looked a lot like him "when we were babies . . . by the hair and the eyes." Tommy's responses suggested that he has poor ego differentiation with his brother. He may be "misidentified" by the family as his brother's "replacement" within the family.

Tommy reported that he has no memory of his brother's funeral, and was unsure whether or not he attended. He indicated that he visited his brother's grave three to four times a week initially. He now visits once a month. He has always preferred to visit his brother's grave with his mother. Tommy's parents have been supportive and more protective since his brother's death. He has been able to talk with his parents about his brother and his death from the beginning. He has always

enjoyed spending time with his mother, but only recently began to enjoy spending time with his father. "Dad thinks it's his fault, and I think so too." This caused Tommy not to want to spend time with his father initially. Tommy stated that he has tried to make his parents happy since his brother's death. He reported that since his brother's death, he has had to compete with his deceased brother for his parents' attention, approval, and love.

Tommy indicated that his brother's death has affected his relationship with his sister. "We always fight a lot now." However, he described her as supportive since the death, and stated that now he has been able to talk with her about their brother. He indicated that recently he has tried to make her feel better or to make her happy, but that he only "half" enjoys spending time with her.

Tommy stated that his friends now understand his feelings about his brother and his death. He also indicated that he has now been able to talk freely with his friends about his brother and his brother's death. He reported that he chooses supportive friends, who have a positive influence on him. When Tommy was asked how he responds to others who ask how many brothers and sisters he has, Tommy responded, "Two and then one died. Then they ask me how he died and I just walk away."

Tommy has kept "some pictures in a picture book" to help him remember his brother. He has missed his brother more on the anniversary of the day he died, and reported that the first year after his death was the most difficult. Tommy has missed "having fun with him" the most. Tommy was unsure how his brother's death has

changed his life, but stated, "I'd have more people in my family." "We'd have more fun times together if he were still alive." "If he was alive, I'd be more happier."

Tommy reported that the only people he can talk with about his brother and his brother's death is "Compassionate Friends." He stated that his parents have helped him the most in dealing with his brother's death. They helped because they "just told me it would be all right."

Tommy indicated that he was unsure if his brother's death has had any impact on his belief in God or a higher power. He reported that initially he was angry with "Jesus because He took my brother away. I don't know why he took my brother out of the life." He still does not know "why."

RCDS results for Tommy placed him in the low range for his age group and gender (PR=3). These results suggest that Tommy was not clinically depressed, and that he may have been experiencing minimal depression.

Case Study 8

Becky was an 11-year-old girl, who was in the sixth grade. When Becky was 10 years old, her infant brother died of congenital heart disease while waiting for a heart transplant. He was not quite 2 years old when he died. She has two surviving siblings, younger sisters. She reported that she and her sisters had been staying with her grandparents while her brother was in the hospital. One night her parents woke them and told them that her brother had died. Her parents were in the process of separating at the time of her brother's death. They have since separated, but have not yet divorced.

Becky indicated that initially "I couldn't believe it. . . . I kept thinking he was still in the hospital, because he had been in the hospital for 2 months waiting for a transplant." She also reported that during these first few months she was sad and cried often, had difficulty sleeping and eating, and felt guilty. "Mother told us that he drew strength from us. So at first I felt if I had seen him more he wouldn't have died." Since his death she has wished she were dead too, and now she has felt she has had to live her life for her brother. These responses may indicate that she has poor ego boundaries with her deceased brother. However, they may be more attributable to a sense of "survivor's guilt."

Becky attended her brother's funeral, and assisted with the funeral arrangements. "We all picked out his clothes and his casket." She reported that she was satisfied with her level of involvement with his funeral and arrangements. Becky initially visited her brother's grave every week, but now visits once every 2 weeks. She has always preferred to visit her brother's grave with her mother.

Becky stated that her parents have been supportive and more protective of her since her brother's death. She reported that she has always been able to talk with them about her brother and his death. She indicated that she has also enjoyed spending time with them. Becky has tried to make her parents and surviving siblings happy, has tried to care for them, and has been watchful of their moods and needs. Becky has "parented" her younger siblings since her brother's death. She stated that she has enjoyed spending time with her sisters, and described them as supportive. She has always been able to talk with her sisters about her brother, but has been unable to

talk with them about his death. Although Becky now can talk freely with her friends now about her brother and his death, she indicated that they never have understood her feelings about him or his death. She stated that she chooses supportive friends who have a positive influence on her. She reported that others, besides family and friends, were supportive of her initially. When Becky was asked how she responds to others who ask how many brothers and sisters she has, she responded, "Three."

Becky has kept pictures and things that belonged to her brother that have helped her remember him. She has a blanket, an Easter basket, a dragon, and two dolls that belonged to him. She has missed him more from September through December, because "that's when he died and when he was born." She stated that the first year after his death was the most difficult for her. She reported missing "holding him and his smile" the most. Becky indicated that her life has changed because of her brother's death. "I don't like to try new things because I'm afraid I'll get hurt and die and things." It has also been "more important now to get good grades." Becky indicated that she has found someone she can talk with about her brother and his death: her mother. She stated that her mom and dad have helped her the most in dealing with her brother's death. "They were like there for me, and when he first died they would comfort me when I was sad." She also has found comfort from God. She stated, "I believe more in Him now. Because I like know that Ben is in Heaven and not like under the ground or anything."

Becky's results on the RCDS placed her in the low range for her age group and gender (PR=24). These results suggested that Becky was not clinically depressed, and

that she may have been experiencing minimal depression.

Case Study 9

Cheryl was an 11-year-old girl, who was in the sixth grade. When she was 5 years old, her brother died of liver cancer. "I didn't realize he was dead until the funeral. Dad told me, but I didn't understand." Her brother was 5 months old when he died. Cheryl has two surviving siblings, a sister and a brother, both were born after her brother's death.

Initially, Cheryl was often sad and experienced nightmares. Since her brother's death, she has felt that she must live her life for her deceased brother. She indicated that she has continued to be sad and cries often. She also stated that she now has difficulty trusting others because of her brother's death. After his death others "talked more to mom and dad, so I didn't get much said to me."

Cheryl attended her brother's funeral. "but my babysitter took me out. . . . I had to leave." She was not involved with the funeral arrangements, but was satisfied with her level of involvement. She indicated that initially she visited her brother's grave two to three times a week, but now visits one time each week. She has always preferred to visit her brother's grave with her parents.

Cheryl's parents have been supportive and more protective of her since her brother's death. She has been able to discuss her brother's death with her parents all along, but only now has been able to talk with them about him. She has always enjoyed spending time with her parents. She indicated that she has tried to make her parents happy and has been watchful of their needs and moods since her brother's

death. Her parents have had a child since her brother's death. They named this son after their deceased child. This child appeared to have been a "replacement child." Cheryl reported that she is very protective of this child and has "parented" both surviving siblings. She stated that she has enjoyed spending time with her siblings, and that she has tried to make them happy. She indicated that she has not talked with them about their deceased brother or his death, because "I don't like to talk with them about anything that will trouble them." She reported that she has also been unable to talk with her friends, but indicated that they now understand her feelings about her brother and his death. Cheryl stated that she chooses supportive friends, who have a positive influence on her. When Cheryl was asked how she responds to others who ask how many brothers and sisters she has, she responded, "For a while I would mess up and say three, and then I'd have to say two. I don't like to explain because they never cease to ask questions."

Cheryl indicated that she has remembered her brother by "looking at photos and talking to a friend when they ask." She stated that she has missed her brother most on his birthday and at Christmas. "I wrote a poem around Christmas time about 'The Empty Chair.'" She stated that what she has missed the most about her brother has been "his smiles, his laugh, and the up-down game we used to play." When asked how her brother's death has changed her life she responded, "There's like a hole. . . . I think that if he would still be here we'd have a lot of fun, because I could tell that we would have been a lot alike, liked the same things." His death "makes me try harder, and get better grades I think."

Cheryl has not found anyone she can talk with openly about her brother or his death. However, she indicated that her parents, grandparents, and older relatives have helped the most in dealing with her brother's death. "They just reassured me that it was okay." She stated that her brother's death has not had any impact on her belief in God or a higher power. However, she stated, "I accept death more. If you're going to die, you're going to die and that's all there is to it."

Cheryl's results on the RCDS placed her in the average range for her age group and gender (PR=58). These results suggested that Cheryl was not clinically depressed, but that she may have been experiencing mild depression. Cheryl reported that she feels loved only sometimes. This may also suggest mild depression.

Case Study 10

Eric was a 9-year-old boy, who was in the third grade. When he was a year old, his 9-year-old brother drowned. Eric indicated that he first heard he had a deceased brother when he was 3 years old. He stated that he has since been told a lot about his brother. Eric has three surviving siblings, all older sisters.

Eric was too young at the time of his brother's death to remember how he reacted. He indicated that now he has been sad and cries often about his brother, and has felt guilty. Eric indicated that he has worried now that another member of his family will get hurt or die. He stated that he has difficulty now trusting in his own and his family's personal safety since his brother died. He also has had difficulty eating because he has frequent stomach aches. Eric reported that he has experienced nightmares and has continued to "wet the bed." He stated, "I also get mad because

Steve died."

Eric indicated that he has visited his brother's grave once or twice a year. He stated that he has preferred to visit his brother's grave with his mom or oldest sister. Eric reported that he has continued to be afraid that he will die when he is the same age his brother was when he died. "I always think that I'm going to die when I'm ten, because he died when he was ten." This may explain his frequent stomach aches. Eric was unsure whether his brother was 9 1/2 years old or 10 at the time of his death.

Eric stated that he has been able to talk with his parents about his brother and his death. He indicated that they are now supportive and he has enjoyed spending time with them. He also indicated that they have been more protective of him. Eric reported that he has tried to make his parents happy, and has been watchful of their moods and needs. He stated that his parents compare him to his deceased brother. Eric indicated that he has also tried to make his sisters happy, but stated that they have not been supportive of him. He reported that one sister stated, "I wish you had died and not Ted." Eric's oldest sister has had difficulty with drugs, alcohol, and legal authorities since their brother's death. She also has unsuccessfully attempted to commit suicide several times. Eric indicated that he has been unable to talk with his sisters about their deceased brother, but that he can now talk with them about his death. Eric reported that his friends understand his feelings about his brother and his death, but he has been unable to talk freely with them about him or his death. Eric stated that he does have one friend he can talk with about his brother and his brother's death. Eric characterized his friends as supportive and positive. When Eric was asked

how he responds to others who ask how many brothers and sisters he has, he responded, "I just say I have three sisters and I had one brother but he died."

Eric has kept pictures of his deceased brother that have helped him "keep his brother's memory alive." He indicated that he has missed his brother most on his brother's birthday and on the anniversary of his death. What he has missed most about his brother has been "like an extra guy to play baseball with, I don't have anybody to play baseball with now." Eric reported that he has tried harder to be good at sports since his brother died. He stated, "I try to be my best in sports because he was good in sports."

When asked if he has found anyone he can talk to about his brother and his death, he indicated that he has been able to talk with a friend. Eric indicated, however, that his mother has helped him the most in dealing with his brother's death. He stated, "She like tells me stuff about him and that it doesn't really mean I'm going to die and stuff like that." Eric reported that initially "I used to wonder if God was alive because He couldn't save him and stuff like that." He indicated that now God has been a source of comfort to him.

Eric's results on the RCDS placed him in the high average range for his age group and gender (PR=63). Although these results do not indicate that Eric was clinically depressed, they suggest that he was experiencing mild to moderate depression. Eric's responses appeared to indicate that he sometimes feels no one cares about him and he feels like running away. They also appeared to indicate that he feels loved sometimes, and feels he is bad all the time.

Case Study 11

Diane was a 21-year-old, single female, who was a junior in college. A few months before her 16th birthday, her oldest brother was killed. He was a truck driver, and fell asleep at the wheel while working. He was killed instantly, but no other vehicles were involved. He was 19 years old at the time of his death. Diane has one surviving sibling, an older brother. Her surviving brother and father were on vacation at the time of the accident, so she and her mother "were alone, and had to take care of things." She indicated that she remembers going to the site of the accident, and had nightmares about it for a number of years afterwards.

Diane reported that she has written poetry about her brother and her feelings related to his death. She stated that she wrote five poems the night of his death, as she and her mother were driving to the accident site. She and her mother had these poems printed in a booklet that they gave out as a memorial for her brother. She brought a copy with her to the interview, and gave me a copy of this booklet of poems. She also brought to the interview several framed and unframed photographs of her brother and her family, as well as her poetry journal which she intends to publish as another booklet. She stated, "I want to make sure that everybody doesn't forget about him."

Diane indicated that she was in shock and denial for the first 2 months after his death, stating, "The reality of his death didn't hit me for 2 months." "I kept calling his apartment, but of course no one answered. I also thought that I would see him driving in other cars, or in crowds from a distance." During those first few months

Diane isolated herself, and had difficulty trusting others because of his death. "I had difficulty creating a life that would not include him." Initially, she had nightmares about her brother's death. She also had difficulty sleeping and eating, and was sad and cried often. She stated that she was fearful that another member of her family would be injured or killed during this time period. She reported that she has continued to have difficulty trusting others, and trusting in her own and her family's personal safety because of her brother's death.

She indicated that she also has continued to have difficulty sleeping, has been sad and cries often, and has felt guilty since his death. She stated, "I should have or could have done something to prevent the accident. I also feel guilty that I have had so many opportunities that he didn't." She reported that "every 2 months or so I start thinking about him a lot and go into a mild depression." Diane indicated that since the time of her brother's death she has wished she were dead, and initially thought about committing suicide. She even developed a plan, deciding that she would commit suicide through an automobile accident "so I could feel what he felt." She stated that she has not thought about committing suicide since the first few months after her brother's death. She reported that since her brother's death she has felt that she must live her life for her deceased brother. She stated that her 19th birthday was difficult because now "I lived longer than he did, was older than he was, and I wondered if I would die now too." She indicated that she has continued to have difficulty dating anyone who did not know her brother. She stated, "It's kind of my test now to see if they want to know anything about my brother. If they have a desire or are willing to

hear about John, and get to know that part of me, then I will go out with them." She indicated that she has missed her brother giving his opinion of her boyfriends. She stated that she and her brother were a lot alike: "we joked around a lot and were really close." She indicated that she was always closer to her deceased brother than to her surviving sibling. Her responses appeared to indicate that her ego boundaries with her deceased brother were tenuous but intact.

Diane attended her brother's funeral and assisted with the funeral arrangements. Diane has written poetry, and she read one of her poems at his funeral. She was satisfied with her level of involvement with his funeral and the arrangements. Diane indicated that she visited her brother's grave only once initially, but that now she visits every holiday. Diane's family moved shortly after her brother's death, so she now has to travel 2 to 3 hours to visit his grave. She has always preferred to visit her brother's grave alone.

Diane reported that her brother's death has brought her closer to her family. She stated that her parents and surviving brother have been supportive of her, but they also have been more protective of her. She has enjoyed spending time with her family, and has tried to make them happy and proud. She indicated that she has always been able to talk with her family about her brother and his death, but cannot talk with her parents about her feelings. She stated that initially she even had difficulty talking with her parents about her deceased brother. She indicated that initially she also was unable to talk with her friends about her brother, but now has been able to talk freely with them about her brother and his death. She reported,

however, that they have never understood her feelings about her brother or his death. She stated, "I lost a lot of my friends" after my brother died. "They did not know what to say, and did not want to talk about my brother and his death. People really didn't want to bring it up, they didn't even want to talk about it." She stated that now "I have fewer, but closer friends. I look for more than fair-weather friends now."

Diane reported that she has had difficulty letting others get close to her since her brother's death. She stated, "There's just a small part of me that worries about whether they'll die or leave me. I know how fast it can happen, whether they want to leave or not. I worry this person could be gone in a second and I might not know why." Diane reported that she has had difficulty with long-term, committed relationships and only "dates around" since her brother's death. She indicated that she tells her dates about her deceased brother and uses it as a test to see whether they are really interested in getting to know her. When Diane was asked how she responds to others who ask how many brothers and sister she has, she responded, "I have a brother who is 23 and I have a brother who passed away a few years ago."

Diane reported that she has tried to remember her brother "through poetry, pictures, and good memories." She stated that she also has a plaid jacket that belonged to him, which she got out of his truck after the accident. She stated, "I slept with this jacket for I don't even know how long." She indicated that she also sees his face in her dreams now, and this has given her a peaceful feeling. She has missed him more at Christmas, on his birthday, and at family gatherings.

She stated that initially at family gatherings "you almost didn't want to take a

picture, because somebody else was supposed to be there." Consequently, she reported they now have very few family pictures. She reported that she remembers the first family gathering after her brother's death: it was her 16th birthday. She stated, "Mom asked me to get the plates for the cake, so I got five. . . . There were only four of us now. That really got to me." She indicated that her 19th birthday was also difficult because "now I was the same age as my older brother, and soon I was going to be older than him." She reported that she missed her brother a lot at her high-school graduation, and stated that her surviving brother's graduation was difficult as well. She reported that the first 2 years after her brother's death were the hardest for her. She stated, "Going through so many emotions, who am I now, and relating to my friends. A lot of figuring things out. It was real hard." What Diane has missed most about her brother was "he joked a lot. . . . We cracked on each other a lot. We loved to people watch. I remember laughing too much with him."

She indicated that her brother's death has changed her life "completely." She stated, "Changed it in every aspect. His death really put things in perspective for me. I think I'm more compassionate and empathic now. I have a more positive outlook on life now." Diane reported that as a child she thought that the worst thing that could happen to her would be for one of her brothers to die. She stated, "And now the worst thing has happened, so everything has to be better." She believes her brother's death has given her a stronger desire to achieve. She stated, "Even before he died, I was a high achiever. It even makes me more aggressive; I think John didn't have this chance so I'm going to do it." Diane is attending a small college, but was recently

selected as a communications intern for a popular political-issues television program in Washington, D.C.

Diane has found two friends she can talk with openly about her brother and his death. She indicated that she has helped herself the most in dealing with her brother's death. She stated, "I've done a lot of it myself, through my poetry. I go back and look at what I've written and see how far I've come. I'm a strong, independent person." Diane also reported that her faith in God has helped. She indicated that she had stopped attending church before her brother's death. She stated, "Then after his death I went with a friend and felt the preacher was talking directly to me. So, I started going again. . . . I have more faith now. When things happen they're supposed to, even though you don't know the reason."

Diane's results on the MDI suggested that she was experiencing minimal depression. These results also suggested that she was experiencing some cognitive difficulty and feelings of guilt. Her MPD results suggested that she has moderately high overall conflict resolution. These results also suggested highly significant positive attitudes toward industry, and moderately high positive attitudes about trust, autonomy, initiative, and generativity. However, the results appeared to indicate that she may be experiencing difficulty with intimacy, possibly preferring isolation. The results also suggested that she may be experiencing mild difficulty with identity confusion. The results appeared to indicate mild difficulty with conflict resolution at the intimacy and identity stages, when compared with her resolution on the other six stages. These were seen to still fall within the "normal" range, whereas the remainder

of her resolution scores were in the moderately high range.

Case Study 12

Karen was a 14-year-old, Caucasian, female who was single and in the eighth grade. Karen was 5 years of age when her sister died of SIDS. She now has three surviving siblings, one older brother and two younger brothers. She indicated that she was at a neighbor's house when her sister died. Her mother called to have her come home. The ambulance and fire trucks were still in the yard when she arrived. She stated that she has remembered sitting on the picnic table outside while everything was "going on in the house."

Karen reported that during the first 3 months she experienced nightmares, "where she was calling me." She stated that these nightmares have continued to this day. Since her sister's death, Karen often has been sad, has experienced guilt because "I wasn't there when she needed me," and has continued to wish she were dead. Karen stated she has had difficulty trusting others because of her sister's death, and that during the first 3 months she was afraid another member of her family would die. She indicated that she did not cry often initially, but now cries frequently and reported "crying myself to sleep." She indicated that she and her sister were a lot alike and that they "looked alike." Karen's responses appeared to indicate that she had good ego boundaries with her deceased sister.

When asked about the funeral and funeral arrangements, Karen reported "we were just kinda kept out of the way. We went to a couple of the calling hours, but when the funeral came we never even went in. My uncle took us out and bought us

candy." She was not involved with the funeral arrangements, and reported wishing "I would have seen her a little longer." During the first 3 months she visited her sister's grave "every two weeks." She now visits on holidays. She stated that she has preferred to visit the grave with her mother.

Karen reported that her sister's death has affected her relationship with her family. She says that now "everyone holds in their feelings, we never talk about things anymore. Mom and dad get into it a lot too, because dad won't open up to us." She reported that she has not enjoyed spending time with her parents, because "we usually fight a lot." She stated that she cannot talk with her parents about her sister or her sister's death. Karen reported, however, that her parents have been supportive of her since her sister's death. Karen indicated that her parents have become more protective of her since her sister's death. She also indicated that she has tried to support and comfort her family, and reported that since her sister's death she has tried to make her parents happy. However, she stated that she has felt that her parents would not have missed her as much as they miss her deceased sister. She reported that her parents had another child after her sister's death. She indicated that this brother was aware of his deceased sister, and was reported to act a lot like his deceased sister, even occasionally dressing in "girls' clothes." He appeared to be the replacement child.

She indicated that since her sister's death she has become an "acting parent" to her younger siblings and has tried to make and keep them happy. She has enjoyed spending time with them, and described them as supportive. However, she reported

that she could only talk with them about her sister and her death during the first 3 months following her death. She indicated that she has been unable to talk with them about her at all now.

Karen reported that her friends understand her feelings about her sister and her death now, but that initially they were too young. Likewise, she indicated that now she has been able to talk freely with her friends about her sister and her death, where she could not initially. However, she stated that sometimes her friends get upset with her now, because she has enjoyed spending time with her friend's younger sisters and they do not. She reported that she does not have any difficulty making and keeping new friends. When asked how she responds to others who ask how many brothers and sisters she has, she responded, "I just [pause] I don't really tell them about her. But if I'm writing a report, then I put in there that I had a sister." When asked how others besides her family and friends treated her initially after her sister died, Karen responded they "supported us a lot, and always had good things to say to us."

Certain times of the year were reported by Karen to be more difficult than others. She counted Christmas and her birthday among the hardest. She also stated that "the first year was really, really hard and then when something comes up like she would have been in the first grade or she would be joining Girl Scouts" that is really hard. She reported having missed the most "not being able to share good times with her." She indicated she has kept pictures of her sister to help remember her. She stated, "I keep her picture with me." She indicated that her youngest brother "dresses up in girls' clothes, and that reminds me 'Oh gee, that's what she would have done'."

When asked how her life has changed since her sister's death, she reported that she has been "more protective of people in my life, when someone comes into my life I'm more protective of them, like a new friend or somebody." She also stated, "I help a lot with my brothers--I treat them like they're my own little [broke off]. Yes, I grew up faster."

She has found someone she can talk with about her sister and her death: "The Compassionate Friends." However, she stated it has been her mother who has helped the most in dealing with her sister's death, by having "us talk about her, and she didn't let us keep our feelings inside." When asked what impact if any her sister's death has had on her belief in God or a higher power, she responded, "We always go to church. Initially, I was mad at Him because He took my sister away when He could have taken somebody else. I trust Him more now than I did then."

Karen's MDI profile suggested she was experiencing minimal depression, with mild low energy and guilt. Karen's results on the MPD suggested she had an overall "normal" resolution. There was, however, one exception and that was that she appeared to have an above average degree of conflict resolution in regard to her identity. She appeared to have a strong sense of self.

Case Study 13

Wendy was a 16-year-old, single female, who was in the 11th grade. When she was 15 years old, her older brother committed suicide. She stated, "I woke up one morning and heard mother screaming. I heard her tell dad 'cut him down.'" She asked her mother what was wrong, and her mother told her that her brother had killed

himself in the middle of the night in the basement. Her brother was 17 years old at the time of his death. Wendy does not have any surviving siblings.

Wendy stated, "At first I didn't really believe it until I saw him at the funeral, and then it hit me." Wendy reported that initially she had difficulty eating and sleeping. She also indicated that she was sad and cried often, and was fearful that another member of her family would be hurt or become ill and die. Wendy stated that she has continued to have difficulty trusting in her own and her family's personal safety because of her brother's death. She also has had difficulty trusting others since her brother's death. She has felt guilty about her brother's death all along and stated, "If only I had stayed up." She also indicated that since her brother's death she has felt she must live her life for her brother. She stated that she has continued to have difficulty sleeping, and cries often. Wendy's responses indicated that she has adequate ego boundaries with her brother. She stated that others often tell her she looks like her brother.

Wendy attended her brother's funeral, but was not involved with the funeral arrangements. She was satisfied with her level of involvement with his funeral and the arrangements. She indicated that initially she visited his grave one or two times a month, but now visits one time each month. She stated that she has always preferred to visit his grave alone.

Wendy indicated that her parents have been supportive of her now, and that they have been more protective of her since his death. She stated that initially she could not talk with her parents about her brother or his death, but she has been able to

recently. She indicated that since her brother's death, she has enjoyed spending time with her parents, but has felt that she has had to compete with her deceased brother for their attention, approval, and love. She indicated that her parents have compared her to her brother since his death. Wendy reported that she has tried to make her parents happy now, and has tried to meet their needs.

After her brother's death, Wendy stated that everyone at school was nice to her, and that she made many new friends. She indicated that now "things are back to the way they were before." "I've gained a couple of friends though, and one stuck with me." She stated that she chooses supportive friends that have a positive influence on her. She reported that now her friends understand her feelings, and that she can talk freely with them about her brother and his death. Wendy indicated that she "holds people at a distance" since her brother's death, and has had difficulty letting others get close to her. She also stated that initially she had more difficulty making and keeping friends. When Wendy was asked how she responds to others who ask how many brothers and sisters she has, she responded that initially she told people she didn't have any siblings. She indicated that now when asked she replies, "I have one."

Wendy has carried a picture of her brother on her key chain to help her remember him. She also has kept a couple of his shirts and his school jacket. She has worn his clothes and has had her name stitched onto his jacket below his. She wore this jacket to the interview. Wendy indicated that she has missed her brother more at Christmas, on her birthday, and on his birthday. She reported that "homecoming this year was really hard. He would have been a senior, so it would have been his senior

year homecoming." She stated that this year has been hard because he would have been a senior and would be graduating, but that last year was the most difficult.

When asked what she has missed most about her brother, she responded, "The fighting . . . and also his senior year, graduating, and stuff." Wendy stated her brother's death has made her life more difficult "because my parents have been more protective. But it's helped me deal with other kids in school who have died, and their friends and stuff." She also indicated that she "wants to be more successful now" than she did before her brother died.

Wendy indicated that she can talk openly with her friends and her boyfriend about her brother and his death. She stated that this has helped her the most in dealing with her brother's death. She also has found her religion to be a source of strength. She indicated that at first she had difficulty with her religion. She stated, "See I'm Catholic and Catholics don't believe in suicide, and I go to a Catholic school." When asked how her brother's death affected her belief in God, she responded, "At first it was like 'why did He let him die,' and now it's just like I understand that He has like a time He wants people to go."

Wendy's results on the MDI suggested that she was experiencing minimal depression. The results also suggested that she was experiencing moderate cognitive difficulty, and some irritability. Her MPD results suggested that she falls within the average range for most stages of conflict resolution, with moderately high resolution of trust and identity stages and moderate difficulty with ego integrity and despair. However, the results suggested overall "normal" psychosocial resolution and

development.

Case Study 14

Monica was a 19-year-old, married female, who was studying to take her GED examination. When she was 17 years old, her older brother committed suicide. He was 18 years old at the time of his death. He was still living with his parents and shot himself in the chest with a shotgun in his bedroom. She was at home at the time "just two doors down," but did not hear the shot. Her father heard the shot and found him immediately. He tried to revive him but was unable. Monica has four surviving siblings. She has a sister and two brothers who have the same parents, and one brother who has the same father. She indicated that she has only seen this brother four times in her life.

When the paramedics arrived at her house, she asked one if she could see her brother. She reported that they let her in the room. When she saw the "four-inch diameter hole in his chest" she cried, "Oh my God." She stated that one of the paramedics responded, "God can't help him now." She indicated that she ran out of the house, and "ran down the road screaming 'all right Jess, it's time to come out now, the joke is over.'" She reported that she denied his death for the first 3 months. Monica was 3 months' pregnant at the time, so "everyone took care of me." During these first few months after he died she indicated that she was nauseous, experienced blackouts, had difficulty eating, was sad often, and experienced guilt. She stated, "I think if Jess knew I was pregnant he wouldn't have done it." Monica stated that during those first few months, "I asked for a sign that Jess would be with me at all

times, then things would happen that only he would do. I believe that I saw his spirit all in sparkling lights, and one morning I saw him in the kitchen eating Pop Tarts and milk." She stated that she believes that her brother's spirit is with her all the time, and that she has continued to talk to him as if he were there.

She indicated that initially she had difficulty trusting in her own and her family's personal safety, and that since her brother's death she has had difficulty trusting others. She also reported that since her brother's death, she has wished that she were dead. She continued to think about committing suicide until 3 months ago. She stated, "I couldn't do it because of what I see others go through. I'd be too scared to try." She indicated that her youngest brother has continued to talk about committing suicide. Monica reported that she has recently felt that she must live her life for her deceased brother. She reported that now she has difficulty sleeping, and cries often. She indicated that she was very close to her brother, and stated, "He was the one who would protect me and take care of me, not my other brothers." She reported that she has positive and peaceful dreams about him now. Monica's responses appeared to indicate that she had poor ego differentiation with her deceased brother. She also indicated that she has seen a lot of similarities between her daughter and her brother, even though her oldest daughter was born before her brother's death. She stated that her daughter "acts like him" and "talks like him." This daughter appeared to be misidentified as a replacement child. Also, her nephew may have been "misidentified." She stated, "He is still having a hard time with Jess's death. He signs all his school papers 'Fred and Uncle Jess.' He plans his whole day around Uncle

Jess. He's seeing a school psychologist."

Monica attended her brother's funeral, but was not involved with the funeral arrangements. Except, she stated, "it was totally up to us kids if he was to be cremated or not. We were very much against that." She stated that she and all her family now wear "guardian angels." Initially, Monica visited her brother's grave two times a month, but now visits two to three times a week. Initially, she preferred to visit the grave with her fiancé, but now she prefers to go alone.

Monica indicated that her parents were supportive initially, but "mom thinks she is the only one having a hard time with this." She stated that she and her mother "disagree a lot" now. Monica also reported that her parents have been more protective of her, and "don't want me to move out of their house, get married, or grow up." She indicated that she can talk with her mom about her brother now, but initially could not talk with either parent about her brother. She has never been able to talk with them about his death. She reported that she only recently has enjoyed spending time with her mother, but still has not enjoyed spending time with her father. However, she indicated that she has tried to make her parents happy and meet their needs. She indicated that now she believes her parents wouldn't miss her as much as they miss her deceased brother if she had been the one to die. She stated that her parents compare her to her deceased sibling, and have ever since his death. Monica indicated that the first few months after her brother's death she felt that she had to compete with her deceased sibling for her parents' attention, approval, and love. She reported that recently her parents have been physically abusive of her. "I think Jess's death had a

lot to do with it."

Monica reported that she "has gotten a lot closer" to her surviving siblings since their brother's death. She indicated that they have been supportive of her since their brother's death. She stated that she has always been able to talk with them about their brother and his death. She has enjoyed spending time with them, and has tried to make them happy since his death. She indicated that since her brother's death she has "parented" her surviving siblings.

Monica reported that she "blocked out" her friends because "they want to know all the details." She indicated that they have never understood her feelings about her brother and his death, but feels she has always been able to talk freely with them. She has had difficulty letting others get close to her since her brother's death, and believes that now she has an inability to trust. She indicated that now she has more difficulty making and keeping friends. When Monica was asked how she responds to others who ask how many brother and sisters she has, she responded, "I have three brothers and one sister" (not including her half brother).

Monica has remembered her brother by "continuously talking about him." and she has kept pictures of him. She stated, "At holidays we take candy canes or Easter eggs to his grave." She also indicated that she has taken him Dr. Peppers, "because he likes Dr. Pepper." She then reported an incident of how she found the Dr. Pepper can empty one time. She stated that she believes he drank it. She reported that she has missed her brother more on holidays, on his birthday, and on the anniversary of his death. She stated this second year has been more difficult for her. When asked what

she has missed most about her brother, she responded, "Him . . . Him being there, his jokes. . . . He was always the clown." She indicated that his death has made her life "worse," and that it has made her "grow up faster." She stated that "nothing could ever make me happy now." She indicated that she has continued to feel guilty for being happy now. Her surviving siblings are the only ones that she can really talk with about her brother and his death. She stated that she has helped herself the most in dealing with her brother's death, but "second" were her surviving siblings. She denied any substance-abuse difficulties, but stated that her youngest brother abuses both drugs and alcohol. When asked if her brother's death has had any impact on her belief in God or a higher power, she replied that she no longer believes in God. Monica stated, "I think if there was one He wouldn't have let it happen."

Monica's results on the MDI suggested that she was experiencing severe depression. This should be a very happy time for her, because she had been married within the past 2 weeks. She had been dating this man for 5 years. The results also suggested that she was experiencing a high degree of instrumental and learned helplessness, as well as low self-esteem. The results also appeared to indicate that she was experiencing a moderately high degree of low energy, cognitive difficulty, guilt, social introversion, pessimism, irritability, and sad mood. Monica's results on the MDP suggested highly significant low overall psychosocial resolution and development. These results suggested that Monica was experiencing moderately low to low resolution across all eight developmental stages. This suggested that Monica may be experiencing developmental difficulties.

Case Study 15

Kevin was a 21-year-old single male, who had completed 1 year of college. When he was 16 years old, his younger sister died in an automobile accident. The whole family was in the accident, but only his sister was seriously injured. She died at the hospital within a few hours after the accident. She was 7 years old at the time of her death. A 78-year-old male turned left into the path of their car. It was not an alcohol related accident. Kevin has one surviving sibling, an older brother.

Kevin reported that he has had nightmares and difficulty sleeping since his sister's death. His nightmares have centered around his being shot, and his sister talking to him and then leaving. He reported that in his nightmares, he has tried to get her to stay or to go with her, but is unable. Kevin reported that before she died, he had taken care of his sister frequently, "baby sat her a lot," and "parented" her. At several points during the interview, while talking of his sister he began to cry, but fought back the tears. Kevin stated that since his sister's death, he has been sad often and wished that he were dead. He indicated that initially he felt guilty, and wished he had "done things differently while she was alive." Kevin reported that he has begun to use drugs since his sister's death. He stated that he has mostly used marijuana, but has tried LSD. He stated, "I'd try harder drugs if they were available." Kevin indicated that he has continued to contemplate committing suicide and reported he would "probably do it with carbon monoxide." He stated, however, that he would never try to commit suicide because of "my parents. . . . Well you might say my sister's death because they already went through it once." He stated that he was not in any danger

of attempting because of what he saw his family go through after his sister's death, and did not feel that he needed to contract not to hurt himself with me.

Kevin reported that his sister would have been a lot like him. He stated, "More like me than anybody else in the family." Kevin's responses suggested that his ego boundaries may be tenuous with his sister, but they appeared to be intact.

He attended his sister's funeral, but was not involved with the funeral arrangements. He was satisfied with his level of participation. Initially, he visited his sister's grave only once, and that was at the funeral. He has only been to visit his sister's grave three times since her death. He has always preferred to visit her grave alone.

Kevin indicated that his parents have been supportive of him since his sister's death. He reported, however, that he has never been able to talk with them about his sister or her death. He also reported that he has not enjoyed spending time with them since his sister's death. His parents have become foster parents to three younger children since his sister's death. He reported that they wanted to have more children of their own but were unable. Kevin indicated that his father even had surgery to have his vasectomy reversed. They appeared to have sought replacement children. He indicated that he has a better relationship now with his brother. He stated that his brother has recently been supportive, but that he has only half enjoyed spending time with him now.

Kevin reported that his friends acted like "it really didn't phase them, to them it was a temporary thing." He stated that now he only has two of the same friends

that he had before his sister's death. He indicated that everyone initially said to him things like "you have to be strong for your parents." He reported that he has felt that others did not think his sister's death would affect him very much, or that he was not having as much difficulty with her death as his parents. He reported that now his friends understand his feelings about his sister and her death. He also stated that he can now talk freely with his friends about his sister and her death. He indicated that he does not necessarily choose supportive friends that have a positive influence on him. He stated, "I just choose whoever I enjoy being around." Kevin reported that he doesn't date now, but has felt his sister's death has not caused him more difficulty with intimacy. When Kevin was asked how he responds to others who ask how many brothers and sisters he has, he responded, "One living brother and one deceased sister."

Kevin has kept pictures of his sister and some of her teddy bears to help him remember her. He indicated that he does not believe that he has missed her more at certain times of the year, or that certain years have been more difficult than others. Yet he reported that during his senior year in high school he was involved in 10 car accidents. He also reported that he was in trouble with the legal authorities and had his driver's license suspended for 90 days for traffic violations. When asked what he missed most about his sister he began to cry, and stated, "Everything. Just being around her, I watched her a lot, babysat . . . watching her grow." Kevin indicated that his sister's death has changed his life. He stated, "It makes me think a lot more. . . . I'm a much more compassionate person." Kevin has not found anyone he can talk with about his sister, her death, and his feelings.

When asked what has helped him the most in dealing with his sister's death, he responded, "Church camp. . . . I went to church camp a week after she died, and I knew the cabin father who got me in his cabin . . . and they performed a hands-on healing type thing" (on him). When asked what impact his sister's death has had on his belief in God or a higher power, he responded, "None really. I think I've maintained my agnostic attitude for a long time."

Kevin's results on the MDI suggested that he is experiencing moderate depression. His results also suggested a high degree of pessimism and sad mood. The results appeared to indicate that he was experiencing moderate cognitive difficulty, low energy, guilt, low self-esteem, social introversion, instrumental helplessness, and learned helplessness. Kevin's results from the MPD suggested highly significant low overall psychosocial resolution and development. The results suggested he has appropriately resolved issues of conflict surrounding autonomy and identity. However, he appeared to have been experiencing developmental difficulties with the remaining six stages. These included: trust, initiative, industry, intimacy, generativity, and ego integrity.

Case Study 16

Jenny was a 13-year-old single female, who was in the seventh grade. When she was 12 years old, her older brother was killed in an automobile accident. Her brother was riding with some friends when the accident occurred. He was the only person injured in the accident. He was thrown from the car, and then the car rolled on top of him. She does not have any surviving siblings.

Jenny reported that she has remembered being told by her cousin that her brother had been killed. She stated that initially she just wanted to be left alone. She reported that during the first few months after her brother's death, she was sad and cried often. Jenny also indicated that she had difficulty eating and sleeping. Since his death she has had nightmares about her brother. She has dreamed that he is still alive and they are walking down the street together. She stated, "Then someone hits him and he is killed, and I can't dial 911." She has had difficulty trusting in her own and her family's personal safety since her brother's death. Jenny reported that since his death she has experienced guilt, stating "it should have been me." She indicated that she has felt that she must live her life for her brother since his death. Jenny stated that she has continued to be sad and cries often. She also reported that she has continued to have difficulty eating and sleeping. Jenny indicated that since her brother's death she has continued to wish she were dead too.

She reported that she has continued to think about killing herself, since her brother's death. She stated, "I won't do it because then I'll never see him." She reported that since her brother's death she has gotten better grades in school. Jenny indicated that she and her brother were a lot alike: "We would always get the same kinds of shoes and I would try to do the same things he did." She reported that she has since worn his clothes. Her responses suggested that she has poor ego differentiation with her brother. Her brother was the last male in the United States to carry on her father's name. She may therefore be "misidentified" in the family. Her appearance was quite masculine. She wore blue jeans with a T-shirt and basketball

shoes to the interview. She has a boyish haircut and masculine build. Additionally, she and her deceased brother shared the same birthday--she was born on his third birthday.

Jenny went to her brother's funeral and assisted with the funeral arrangements. She stated, "I picked out the clothes he was wearing, because my parents couldn't do it. I had to make sure his shoes were on, and I put a dollar in his pocket with 'I love you written on the corner.'" Initially she visited her brother's grave every other day, but now she goes once a month. She has always preferred to visit his grave alone.

Jenny stated, "My dad never smiles anymore. My dad and me used to be really close before Josh died, but now he won't have anything to do with me. Because he's afraid if he gets too close to me, I'll die too." Yet Jenny reported that her parents have been supportive of her since her brother's death, and that they have also been more protective. She indicated that she has been able to talk with her mother about her brother, but cannot talk with either parent about his death. She has always enjoyed spending time with her parents, and has tried to make them happy and has tried to meet their needs. She indicated though that she has felt that her parents would not have missed her as much if she had died. She stated that her parents frequently compare her with her deceased brother. Jenny reported that her father started smoking again after her brother's death, and that he drinks a lot "when he's feeling bad." Jenny indicated that her friends have been supportive of her as well, and that she has always been able to talk freely with them about her brother and his death. She also indicated they have understood her feelings about her brother and his death.

However, she reported that she chooses friends who get her into trouble, not those who would have a positive influence on her. She stated she has difficulty letting others get close to her now, and stated that she "keeps people at a distance so she won't get hurt." She has had more difficulty making and keeping friends since her brother's death. She reported that people other than family and friends have been supportive: they say "'they're sorry he died,' and give you money and stuff." When asked how she responds to others who ask how many brothers and sisters she has, she responded, "I say I have one but he died."

Jenny stated that she has tried to keep her brother's memory alive by trying "to get the same clothes he had, and everything he liked, everything he did and stuff. So I try to be just like him, but in my own way." She indicated that she has missed him more during baseball season, vacation time, on their birthday, and Christmas. She reported that she has been worried about turning 15, because she has been afraid her parents will become even more protective. When asked what she has missed most about him, she responded, "The way he kicked me and punched me, and the way at night he would tell me to go to bed, and he would give me hugs if I couldn't go to sleep." Jenny indicated her brother's death has changed her life, because "no one ever smiles sometimes, and don't talk to each other. We fight a lot, just me and dad. We used to be really close and he and Josh used to fight all the time." She also reported, "It's made me want to do better in school. I think that after Josh died I got some of his brains. Last year I got a lot of Ds and this year I got three Ds, so he helped me a lot." Jenny reported that she has not ever tried drugs or alcohol.

The only person she has found she can really talk with about her brother, his death, and her feelings is her uncle. She indicated that he has helped her the most because "he talks with me and makes jokes and stuff." She also indicated that her belief in God has helped her. "I feel closer to Him. At first I was angry with Him for taking him, but now I know why He did. Because God needed him more than we did. Also he's happier up there because he was using drugs down here."

Jenny's results on the MDI suggested that she was experiencing moderate depression. The results also suggested that she was experiencing moderate difficulty with feelings of guilt, sad mood, low energy level, low self-esteem, social introversion, pessimism, instrumental helplessness, and learned helplessness. Jenny's results on the MPD suggested moderately low overall psychosocial resolution and development. The results also suggested that she has appropriate conflict resolution for the following stages: initiative, identity, and intimacy. These results also appeared to indicate that she was experiencing developmental difficulties with the following: trust, autonomy, industry, generativity, and ego integrity. These results suggest Jenny is experiencing developmental difficulties.

Case Study 17

Emily was an 18-year-old single female, who was a freshman in college. When she was just under 10 years old, her younger brother was killed. He was riding his bicycle to the park. He had been at the park with his older brother, but left to get a drink of water. He was returning to the park when he was struck by a semi-truck. He would have been 7 years old in 4 days. One week after her brother's death.

Emily's mother gave birth to a little girl. They gave the child her deceased brother's middle name. Not quite 3 years later, this child died of H-influenza. Emily also reported, "Mom had one miscarriage and is now pregnant again. One day when mom was pregnant she started bleeding, and then she miscarried. She brought it in to me; it was all red and bloody. Mom and me buried it in the backyard." Emily has four surviving siblings, two brothers and two sisters. She has one older brother, and a younger sister and a younger brother. Both younger siblings were born after the deaths of her siblings, and were a product of her mother's second marriage, as was her deceased sister. Emily's father also had another child by his second marriage. Emily was raised by her mother. Emily has experienced the additional losses of four close friends killed in an automobile accident and the death of a boyfriend by suicide. Both occurred while she was in high school.

Emily reported that she was never told that her brother had been killed. She indicated that she remembers the day he died. She was in her bedroom playing with her dolls when her mother came in and said "We have to go." Emily responded, "I don't want to go," and continued playing with her dolls. She reported that she remembers vividly that her mother grabbed her by the hair, pulled her to her feet, and took her downstairs. She stated, "We went downstairs and everyone was crying." She reported that she was sent to stay with her grandmother. She indicated that she knew someone had died, but she was not told that it was her brother; she thought he was staying with friends. She reported that she did not know that her brother had been killed until they opened the casket for the family at the funeral.

Emily indicated that she also remembers the day her sister died. She stated that she was with her mother and her infant sister when she died. Her sister had been sick and seemed to be getting worse. Emily's grandmother was a nurse, so they decided to take the child to her house to see if she could help. Emily reported that she drove while her mother rode in the back seat with her sister. Her grandmother was able to keep the child alive until the ambulance arrived. However, she stated that her sister died in the ambulance on the way to the hospital. Emily was not yet 13 years old at this time.

Emily reported that her family had gone to church the day her brother was killed. She indicated that while in church, her brother had drawn some pictures. Emily reported that he had drawn pictures of his death. She stated that in one picture he had drawn a tombstone with his name on it; in another he drew a bicycle which had been hit by a car. Emily reported that she believes somehow he knew he was going to die.

Emily reported that she experienced difficulty eating and sleeping during the first 3 months after her siblings' deaths. She indicated that she also experienced guilt, which she described as survivor's guilt, and that she wished that she were dead. She also indicated that her grades fell during this time period. Initially, Emily tried to make everyone else feel better, and stated, "I was the strong one. I was there for everyone else." She reported that she only cried when she was alone, because "it was like don't let anyone know that I was hurting. I took care of everyone else."

Since her siblings' deaths she indicated that she has been frequently in trouble

with her parents, teachers, and has been in jail. After her brother died, a boy in her class said, "I heard your brother was flatter than a pancake." She stated, "I just went off and beat him up. And then when the principal and teacher tried to pull me off, I gave the principal a black eye and broke the teacher's arm. I took karate." She also reported that she was "busted for stealing" right after her sister's death, and was "ruled an 'unruly child.'" She reported an increase in risk-taking behaviors after her siblings' deaths. She indicated that she has had nightmares that others will die since her siblings' deaths. She has had difficulty trusting others, and has had difficulty trusting in her own and her family's personal safety, both of which she attributes to her siblings' deaths. She reported that she has continued to be sad and cries often, but only when she is alone. She stated that she also has continued to have difficulty sleeping and eating. She reported that somehow her siblings' deaths made her become more extroverted. She stated, "I was always quiet and shy until my brother and sister's deaths, and then I became hyperactive and outgoing. Now I'm like the most out-front person in the world." She indicated that she and her deceased siblings were a lot alike. She also indicated that her sister "had a lot of my character," and she was very close to her brother. She stated, "He [my older brother] and my [younger] brother would get into fights every day. So he [my younger brother] would come in and sleep with me. We went to the same school. We were very close." Her responses suggest that ego boundaries with her deceased siblings are tenuous, but remain intact.

After the deaths of Emily's sister, friends, and boyfriend, she reported she had

thoughts of attempting suicide. She indicated that she even developed a plan, including which method she would employ. She stated that she did not try because "I knew my parents couldn't handle it." Her older brother has continued to talk about suicide, and has attempted 10 times since his siblings' deaths. She reported that each time he attempted by "totalling" an automobile, either a car or truck. His driver's license was suspended for 2 years. Both she and her brother have had trouble with alcohol. She reported "drinking heavily every day" during high school, but now drinks only one beer once every few months.

Emily went to her brother's funeral, but she did not know until they opened the casket for the family that her brother had died. She stated, "I shouldn't have seen my brother in the casket, because his face was all smashed in. Did you see Drop Dead Fred, the movie? Do you remember when his head was smashed in? That's what my brother looked like. I still have nightmares about it." Others were supportive of her at the funeral, but "people gave me money and it made me angry . . . like I was getting paid for his death." She also attended her sister's funeral, but was not involved with the arrangements for either funeral. She was satisfied with her level of involvement with the arrangements, but wish she had been told about her brother's death beforehand. She reported that her mother has continued to apologize for not telling her. Initially, Emily visited her siblings' graves once a week, but now she visits on their birthdays and at Christmas. Initially, she preferred to visit their graves with her parents, but now prefers to visit alone or with a friend.

Emily reported that her parents have not been supportive of her. She stated,

"Everyone comes to me for support or to talk." She indicated that her mother has become more protective, but she rarely spends time with her father. Initially, she "fought a lot" with her parents, and she has never been able to talk with them about her deceased siblings or their deaths. She has not enjoyed spending time with her parents since her siblings' deaths. She stated, "I became heavily involved with sports and clubs at school, I would find reasons not to be home." As mentioned earlier, Emily indicated that she feels it is her responsibility to "make everyone else happy." She has monitored their emotions and needs, and struggles to fulfill them. Emily indicated that she has determined that she will study political science and law in college, and "hopefully become a politician." She stated that this is her goal, so that she will be able to provide financially for her parents and surviving siblings. Emily reported that her mother and stepfather named their first-born child, a girl, after her brother who was killed. After this child died, they had another little girl and named her after her deceased sister. Therefore, it appears that they have had at least two replacement children. They have since had another child, and are currently expecting another.

Since her siblings' deaths Emily reported she has "gotten closer" to her older brother. She indicated that she has tried to make him happy, and has attempted to meet his emotional needs. She reported he recently called her at school and told her he was arguing with his best friend. She stated that she became their long-distance mediator, and resolved their disagreement. She indicated that she now has enjoyed spending time with her surviving siblings, but did not initially. She reported that she

has parented both her older brother and younger siblings since her siblings' deaths. Yet she reported that they have not been supportive of her, and that she has been unable to talk with them about their siblings or their deaths. She also indicated that her friends have not understood her feelings about her siblings or their deaths either. However, she reported that she has been able to talk freely with them about her siblings and their deaths. She stated that she does not choose supportive friends that have a positive influence on her. When asked what others said to her after her siblings' deaths she stated, "'I know how you're feeling.' But they don't, and I tell them so." When Emily was asked how she responds to others who ask how many brothers and sisters she has, she responded, "I have seven and my mom's pregnant again." Emily indicated that she talks with "every one" about her deceased siblings, but that talking with her friends has helped the most. She stated, "Actually what helps is when people ask me about it."

Emily has had difficulty letting others get close to her since her siblings' deaths. She stated, "If someone gets too close, I push them away." She reported that initially she had increased difficulty making and keeping friends after her siblings' deaths. She reported that her dating relationships do not last very long, "because I am not very faithful at all." She does not have any of the same friends she had before her siblings' deaths, and reported that she has had difficulty with long-term, intimate relationships which she has attributed to her siblings' deaths.

Emily indicated that she has remembered her deceased siblings by talking about them every day, and has kept pictures of them. She also has kept some of their

stuffed animals. She reported that she has missed them more at the change of seasons, at holidays, and on their birthdays. The most difficult year for her was her sophomore year when four of her friends were killed in an automobile accident and her boyfriend committed suicide. Her grandfather died on her birthday that year as well. She reported that she was raped twice and "beat up" on date rapes during high school. She stated that "all the years have been difficult."

When asked what she missed most about her deceased siblings, she stated that her brother "was the most caring person in the whole world." She missed "his personality, the way he was, and the person he was." When asked about her sister, she responded, "They were the two happiest kids." She indicated that their deaths caused her to "grow up faster." She stated that now "I think it helps me understand people better. Not what other people say they are, but who they are." She also indicated that their deaths have made her "more determined." She stated, "My whole goal to be a lawyer and politician is to help my brothers and sisters." She then talked about who she named as beneficiaries for her life insurance policy through the National Guard, and what each family member would receive on the event of her death. When asked what impact if any her siblings' deaths had on her belief in God or a higher power, Emily stated, "It's made me believe more than I used too. I don't go to church now because I'm afraid I'll get wrapped up in something I can't control. But I believe more in God now."

The results of Emily's responses to the MDI suggested that she was experiencing minimal depression. These results also suggested that she was

experiencing moderate cognitive difficulty. Emily's results on the MPD suggested she had an overall moderately high degree of resolution, and an average or moderately high degree of resolution at each stage of conflict. However, her responses appeared to indicate some negative attitudes towards mistrust and isolation. Her responses suggested she has significantly high resolution in the areas of autonomy and initiative. She also has highly positive attitudes towards autonomy and generativity.

Case Study 18

Julie was a 15-year-old single female, who was in the ninth grade. When she was 6 years old, her brother was killed in an automobile accident. He was 21 years old at the time of his death. He was driving in a small town, and was chased by the police after "squealing" his tires in the center of town. One police car "chased" him at speeds exceeding 90 miles per hour on back country roads. Her brother lost control of his car, and crashed. His car rolled, and he was killed instantly. The accident happened at 1:30 a.m., but her family was not notified until several hours later. She reported that the police were very rude and uncooperative throughout, even calling them for insurance information the day of his funeral. Additionally, her brother had just returned from military duty in Saudi Arabia, and so the family did not have a recent photograph. However, he had just renewed his driver's license, so they asked the police that they be allowed to keep this photograph. The police stated that they had already returned it to the department of motor vehicles, and would not assist them in retrieving the picture. She still has many bitter feelings toward the police and the way they handled the situation. She reported that he was driving a "well known, rare

car" so they could have just driven to his home and waited for him. She felt that there was no need for a "high speed chase." She has two surviving siblings, both older brothers.

Julie reported being sad often during those first few months after his death. She also stated she had difficulty trusting others and difficulty trusting in her own and her family's personal safety because of her brother's death. She also indicated that she experienced an increase in risk-taking behaviors initially. She stated that she continues to have difficulty trusting others because of her brother's death. She also reported experiencing nightmares now, usually about the death of other friends and family members. Julie's responses indicated that she has appropriate ego boundaries with her brother.

Julie attended her brother's funeral but was not involved with his funeral arrangements. "I think I was too little." Initially, she visited her brother's grave two times a month. She reported that now she visits on holidays and "sometimes every once in a while," which she says works out to be approximately twice a month.

Julie indicated that her parents have been supportive of her since her brother's death. They have also been more protective. Julie stated that she has enjoyed spending time with them, but that she has never been able to talk with them about her brother or his death. She reported that she has tried to make them feel better when they are sad, and considers it her responsibility to make them happy. She also has tried to make her surviving siblings happy since their brother's death. Her oldest surviving brother took their brother's death "very hard." "He drank a lot" right after

their brother's death. She indicated that her brothers have been supportive of her, and that she enjoys being with them. She reported that she can now talk with them about their brother, but that she has never been able to talk with them about his death. Likewise she stated that she has been unable to talk with her friends about her brother or his death. She reported that they have never understood her feelings about her brother or his death. "When I tried to talk about him they acted like it was no big deal, and they told others what I had said." "But right after he died I remember my classmates all sent me little cards that said they hoped I felt better and stuff like that." She does not have any of the same friends she had before her brother died. She indicated that she chooses supportive friends, but not necessarily friends that have a positive influence on her. She stated that she has had more difficulty letting others get close to her because of her brother's death. When Julie was asked how she responds to others who ask how many brothers and sisters she has, she stated, "I usually say [pause] uhmm [pause] two usually."

Julie has kept pictures of her deceased brother on her bulletin board to help her remember him. She stated that she misses him more on holidays, his birthday, the anniversaries of the day he died, and at graduations, weddings, etc. She reported that she does not feel that certain years have been more difficult than others. When asked what she missed most about her deceased brother, she responded "Everything, just having him be here." She indicated that his death has "made me stronger probably, it made me grow up faster." She reported that she has a stronger desire to be successful now, and that she wants to be a child psychologist.

When asked if she has found anyone she can talk with about her brother and his death, she responded "My parents probably, but I don't talk with them that much, but if I wanted to I probably could." She stated that her parents have helped the most in dealing with her brother's death--"Just by talking to me about it, about what happened, and how he was and stuff like that."

Julie indicated that her brother's death has had an impact on her belief in God. She stated, "Well, my mom and dad are Christians, and I am a Christian. Well, it's probably made me closer to God because I can talk to Him about it and He's always there to talk to. He has helped me." She reported that initially she was angry with God. "I used to always wonder why God would take my brother away from me and I was mad. But I understand more now that I am older that it was His will."

Julie's results on the MDI suggested she may be experiencing mild depression. They also indicated moderate social introversion and pessimism, as well as mild low energy level, cognitive difficulty, and low self-esteem. The results of her MPD suggested moderately low overall conflict resolution. These results indicated moderately high negative attitudes toward intimacy. The results also suggested that most stages have been resolved "normally" for her age group and gender, but that she had moderately low conflict resolution at the stage of intimacy versus isolation. These results appeared to indicate difficulty with intimacy.

Case Study 19

Gloria was a 15-year-old single female who was in the ninth grade. When she was 8 years old, her younger brother died of complications from open-heart surgery.

Her brother had congenital heart disease, and the surgery was to repair this disorder. After surgery the doctors stated that the surgery had been a success. However, 3 days later he died when his lungs collapsed. Her brother was not yet 3 years old at the time of his death. Gloria has four surviving siblings, two younger sisters and two younger brothers.

Gloria reported that during the first 3 months after her brother's death, she had difficulty eating, was sad and cried often, and experienced guilt. Gloria stated that initially she felt that her brother's death was her fault. Gloria reported that when she was told about her brother's death, she became angry and broke the television and three lamps in the motel room. She stated, "I was mad at my mom because she promised me he wouldn't die." Gloria indicated that she has continued to feel sad and cry often about her brother's death. Gloria stated that she felt close to her brother, "because we were the first two kids." Gloria indicated that she was unsure if they were a lot alike. Ego boundaries appeared to be intact between Gloria and her deceased brother. Gloria reported that she now has difficulty with alcohol, and that she has been raped twice in the past year by an acquaintance.

Gloria stated that she went to her brother's funeral, but was not involved with the funeral arrangements. She reported that she has remembered a lot about that day, including what she wore to the funeral. Gloria was satisfied with her level of involvement with the funeral and arrangements. She indicated that during the first 3 months she visited her brother's grave once a week, but that now she visits once a month or once every other month. She stated that she has always preferred to visit his

grave with her grandmother.

Gloria indicated that initially only her mother was supportive of her, but that both parents have supported her now. She also stated that initially her parents were more protective of her. Since her brother's death, Gloria reported that she has been able to talk with her mother about her brother and his death. She indicated that she has been unable to talk with her father. Gloria stated that she stayed with her grandmother the first few months after her brother died, and that she did not enjoy spending time with her parents during this time. She stated, "My dad didn't talk and every time my mother looked at me or Donna she burst out crying and would run somewhere." Gloria indicated that she has enjoyed spending time with her parents since this time. Gloria reported that she has tried to make her parents happy, to meet their needs, and to take care of them. Her parents have had three children since her brother's death. They gave the first male born after her brother's death her deceased brother's name. This child appeared to have been the "replacement" child.

Gloria indicated that she has always enjoyed spending time with her surviving siblings. However, she stated that initially they were too young to have supported her or to talk with her about their deceased brother. She reported that now they have been supportive and have been able to talk with her about their brother and his death. Gloria indicated that she has tried to make her surviving siblings happy, to meet their needs, and to "parent" them. Gloria stated that her friends have understood her feelings about her brother and his death, but that only recently has she been able to talk freely with them about him and his death. She indicated that she has chosen

supportive friends, who have a positive influence on her. Gloria reported that she has not had more difficulty with intimacy because of her brother's death. She indicated that she has trusted others too much. Gloria reported that others were supportive of her after her brother's death. She stated, "Basically everyone said they were sorry. Mostly everyone was supportive, but a couple of people said 'Just get over it.'" When Gloria was asked how she responds to others who ask how many brothers and sisters she has, she stated "I tell them that I have two sisters and three brothers but one of them died."

Gloria reported that she has kept pictures of her brother "all over her room" and has kept his blanket to help her remember him. She indicated that she missed her brother more at Christmas, holidays, and birthdays. When asked what she missed most about her brother, she responded, "I'm just used to having another person there." She also indicated that it has been difficult for her to see other boys who "are Michael's age." Gloria stated that her brother's death has had a negative impact on her life, but has felt it has not had any impact on her desire to be happy or successful. She indicated that she has found a cousin she can talk with about her brother and his death, but reported that her grandmother has helped the most in dealing with her brother's death. She stated that her grandmother has helped her by "just always being there." Gloria indicated that her brother's death has not had any impact on her belief in God. She stated, "I still go to church just like I did before and everything. My belief in God is about the same."

Gloria's results on the MDI suggested that she was experiencing minimal

depression. The results also indicated that she may be experiencing moderately high difficulty with irritability. Her results on the MPD suggested that she has an overall moderately high resolution of conflict. These results also indicated that she has resolved each of the eight stages of conflict adequately for her age group and gender, with moderately high resolution on stages involving trust, autonomy, and intimacy. The results suggested she had moderately high positive attitudes toward trust and autonomy.

Case Study 20

Brad was a 15-year-old single male, who was in the ninth grade. When he was 13 years old, two of his older brothers were murdered. Another brother died after a premature birth 2 1/2 years before he was born. Brad's older brothers were out one night celebrating the 1 year anniversary of his oldest brother becoming a dentist. They decided to go to a topless bar, and tried to gain admittance into a private club. The manager would not admit them, and they argued. As the three brothers were turning to leave, the manager shot them. Brad's oldest brother was seriously injured but survived, the other two brothers were killed instantly. Brad has two surviving siblings, both older brothers.

Brad reported that he remembered being told of his brothers' deaths, and stated that "I couldn't believe it and had to be told again." He reported that "it seemed like it was a dream and that it wasn't real for about the first week." Brad stated that for the first few months he kept waiting for his brother Darrell to call, "and a couple times I thought I heard him playing basketball out back." During these first few months

Brad reported he had difficulty eating, was sad and cried often, and believed he had to live his life for his deceased brothers. Brad indicated that he has continued to believe that he has to live his life for his deceased brothers, particularly in sports. Brad stated that he now continues to cry often, and that he has experienced nightmares. Brad reported that he looks a lot like his brothers, and that they had been very close. Brad indicated that he had been closer to his brother Darrell, because they had been the last two children at home for several years. Darrell had only recently moved out. However, Brad appeared to have appropriate ego boundaries with his brothers.

Brad reported that he attended his brothers' funeral, and that he had helped pick out Darrell's casket. During the first 3 months after his brothers' deaths, Brad visited their graves every Sunday. Brad indicated that he now visits their graves "every Sunday and sometimes in between." Brad reports that he has preferred to visit their graves with "anybody" but that he usually visits with his mother.

Brad indicated that his parents have been supportive of him, and that he has been able to talk with them about his brothers and their deaths. He reported that he has enjoyed spending time with them, but that they have been more protective of him. Brad stated that he had not been allowed to spend the night at a friend's house for the past 3 years. Brad indicated that he had tried to make his parents happy, to take care of them, and to meet their emotional needs. He stated that his parents have frequently compared him with his deceased siblings since their deaths.

Brad reports that his surviving brothers have visited his parents more frequently since their brothers' deaths. He indicated that he has felt closer to them. Brad stated

that his brothers have been supportive of him, and that he has been able to talk with them about their brothers and their deaths. Brad indicated he has enjoyed spending time with his surviving brothers, and that he has tried to make them happy. His friends have not understood his feelings about his brothers or their deaths. He has, however, been able to talk freely with them about them and their deaths. Brad reported that he has chosen supportive friends that have a positive influence on him. He stated that he does not have more difficulty with intimacy since his brothers' deaths. Brad reported that others have been supportive of him. When Brad was asked how he responds to others who ask how many brothers and sisters he has, he stated "Most of the time I just say two."

Brad stated that he has tried to keep his brothers' memory alive by participating in sports, doing things with people who knew them, and has worn their clothes. He also reported that he "wore" their numbers in football and basketball. Brad indicated that he has missed them more around the anniversaries of their deaths. When asked what he missed most about his brothers, Brad responded, "Mostly playing basketball with Darrell and I miss Art coming home to visit. One time he surprised us at Thanksgiving. He had said that he wasn't coming home, but when we got home from church he was waiting for us." He reported that the first year after their deaths was the hardest. Brad stated that his brother's deaths have caused him to "grow up faster" and that he has been "more mature than his friends" since their deaths. He indicated that he has felt their deaths have caused him to want to be more successful in sports.

Brad reported that his girlfriend's sister was murdered several years ago. He

stated that he had been unaware of this before they started dating. Brad stated that he has felt she understands his feelings about his brothers' deaths, and he has talked freely with her about his brothers and their deaths. He reported that it has been his mother, however, that has helped him the most in dealing with his brothers' deaths, by "just talking about it." Brad reported that his belief in God has helped him as well. However, he stated that he does not believe his brothers' deaths have had any impact on his beliefs in God. He stated, "I don't think it had any impact. I still go to church every Sunday."

Brad's results on the MDI suggested that he was experiencing minimal depression. These results also suggested that he may be experiencing some difficulty with irritability. Brad's results on the MPD suggested that he has an overall moderately high resolution of conflict. These results appeared to indicate that he has a moderately high degree of conflict resolution on stages involving trust, autonomy, initiative, and intimacy. They also suggested that he has resolved issues of identity to a significantly high degree. These results suggested that the remainder of the stages have been resolved adequately for someone of his age group and gender.

Case Study 21

Carl was a 26-year-old married male, who was a senior in college. When he was 23 years old, his younger sister died of cancer. She had been diagnosed with cancer just 8 months before her death. She was 19 years old at the time of her death. Carl has one surviving sibling, a younger brother. He also has a younger sister from his father's second marriage. His parents were divorced before his sister's death.

Carl reported that he was waiting in the hall outside the intensive care unit of the hospital when his sister died. She had been in intensive care for some time. Carl reported that his family made the decision to have her taken off life support. He stated, "Once we decided to have her taken off the machines, I was relieved." Carl indicated that he was angry the week prior to her death, and that following her death he tried to deny that she was dead. He reported that he kept asking "Why," and became bitter and cynical the first few months after her death.

Carl stated that during these first few months he "would feel her presence in areas that were common to us, like at home." Carl indicated that he has attempted to "hold in" his feelings about his sister and her death. He stated, "I have tried to hold it in and then have a few good cries, not a lot but a few good ones." Carl reported that initially he had difficulty eating, was sad and cried often, and experienced guilt. He stated, "I could have done something, I felt like I failed her." Carl indicated that during this time he wished he were dead. Carl reported that he has had difficulty trusting others and difficulty trusting in his own and his family's personal safety since his sister's death. He stated that he and his sister were "pretty much opposites." His responses indicated that he has adequate ego boundaries with his deceased sister.

Carl reported that he attended his sister's funeral and that he had made most of the funeral arrangements. He stated, "Mom and dad weren't really thinking straight, so I made a lot of the arrangements for them, and I was a pall bearer. Pretty much I had to shelve what I was thinking because I had to take care of them." However, Carl reported that he was satisfied with his level of involvement with her funeral and the

arrangements. Initially, Carl visited his sister's grave once a week, "every Friday." He reported that now he has not visited her grave for over a year and a half. He indicated that he has always preferred to visit her grave alone.

Initially, Carl felt that his parents were more protective, but he reported that they have not been overly protective since. Carl indicated that his parents have not been supportive of him, but that he has been able to talk with his father about his sister and her death. He reported that when he has tried to talk with his mother, they end up arguing. Carl stated, "We get into arguments because she pretty much shut her life down, and I think she should get up and get over it." He reported that his mother has talked about committing suicide since his sister's death. However, he has enjoyed spending time with his parents. Initially, he tried to make his parents happy and to meet their emotional needs, but he has felt that he has had to compete with his deceased sister for his parents' attention, approval, and love. He stated, "Pretty much everything is Carla, Carla, and she's dead, and she's got two sons alive still."

After his sister's death, Carl felt that he and his brother "drifted farther apart." However, he reported that "nothing has changed with my sister." Carl indicated that they have been supportive of him, and that he has enjoyed spending time with them. He stated that he has been unable to talk with them about their sister or her death. Carl indicated that he also has been unable to talk with his friends about his sister or her death, and has felt they have not understood his feelings about her or her death. He stated that he has chosen supportive friends that have a positive influence on him. Carl reported that he has always had difficulty letting others get close to him. He

attributed this difficulty with intimacy to his parents' divorce and not to his sister's death. Carl indicated that others were more supportive of his parents, and that they were not supportive of him after his sister's death. He stated, "They would say 'How's your mom doing?' and tried to say the right thing but it always came out wrong." When Carl was asked how he responds to others who ask how many brothers and sisters he has, he stated "One brother and two sisters."

Carl has kept pictures of his sister and has kept her baseball cap to help him remember her. He reported that he has missed her more on the holidays, and on birthdays. When asked what he missed most about his sister, he responded "Her naivete and her innocence, her positiveness, her perkiness. She was a bubbly little girl." When Carl reported this, he became visibly agitated, and began pounding his pencil on the table. Carl indicated that the first year after his sister's death was the hardest. He reported that his sister's death has had a positive effect on his life. Carl stated, "It made me more spontaneous. It made me realize there isn't really a lot of time." He indicated that he has not felt that his sister's death has had any impact on his desire to be happy or successful.

Carl reported that he has been able to talk with his wife about his sister and her death. However, he indicated that he has worked through his sister's death mostly on his own. He stated, "I never really depended on anybody. I was able to work out my thoughts and feelings for myself, without anybody else's opinions or biases."

When asked if his sister's death has had any impact on his belief in God or a higher power, Carl responded, "A [pause] probably negative [pause] I've never been a

strong believer in God because I need concrete proof. And then you know questions of 'why' [pause], just haven't put a lot of value into it."

Carl's results on the MDI suggested that he was experiencing mild depression. These results also suggested that he was experiencing moderate difficulty with social introversion and low energy levels. These results appeared to further indicate that he was experiencing mild difficulty with learned helplessness, sad mood, and cognitive difficulty. Carl's results on the MPD suggested that he had a moderately low overall resolution of conflict. These results appeared to indicate that he had highly significant difficulty with the resolution of trust issues. They also suggested that he had moderately high difficulty with resolution of issues surrounding initiative, intimacy, generativity, and ego integrity. These results appeared to indicate that he had highly significant negative attitudes toward trust and intimacy.

Case Study 22

Jim was a 24-year-old single male, who completed a bachelor's degree in English. When he was 20 years old, his younger sister was killed in an automobile accident. A 78-year-old man turned left in front of them, and hit them head on. His sister was the only one seriously injured. She was "life flighted" to the hospital, but died several hours later due to internal bleeding. She was 7 years old at the time of her death. Jim has one surviving sibling, a younger brother.

Jim remembered what happened after their accident. He stated, "From the accident things fell on my shoulders. Dad tried to get me to go on the life flight with my sister, but I told him that he should because he would have to sign the forms."

Jim reported that he initially gained 40 pounds and that his grades in college fell. He also indicated that he has been sad often and has experienced guilt. He stated, "I wish I had spent more time with her while she was alive." Initially, Jim stated, he had difficulty with alcohol and drank frequently. He stated that his brother has had difficulty with both drugs and alcohol. Jim reported that he has had difficulty trusting in his own and his family's personal safety since his sister's death. He stated, "Life is so short, and can be take away so fast." Shortly after his sister's death, Jim moved into her room. He stated, "A month after she died I moved into her room. I painted it and packed all her things and took them to the attic." He reported that he has felt her presence, particularly when he "is writing about her." Jim indicated that his sister was "a mixture of me and my father." His responses appeared to indicate that he has maintained appropriate ego boundaries with his deceased sibling.

Jim reported that he attended his sister's funeral and made most of the funeral arrangements. He stated, "I planned most of the funeral. I picked out the plot, flowers, casket, etc. I felt that since I was the oldest it was my responsibility." Jim indicated that he visited his sister's grave twice during the first 3 months, and that he now visits five times a year. He stated that he has always preferred to visit his sister's grave alone.

Jim reported that his parents have been supportive of him, but that he has never been able to talk with them about his sister's death. He stated, "I had enough problems holding myself up, I knew my parents couldn't help me and I didn't expect it." He indicated that he has recently been able to talk with them about his sister, but

not her death. Jim indicated that initially "we all went our own separate ways," but that now "I'm closer to them than I ever thought I'd be." He stated that now he has been able to enjoy spending time with them. Since his sister's death he has tried to make his parents happy, to take care of them, and to meet their emotional needs. He reported that after his sister's death his parents attempted to have another child, but were unable. Jim indicated that his father had his vasectomy reversed. After a period of trying unsuccessfully to become pregnant, they decided to become foster parents. They have since foster parented three children.

Jim reported that he now feels closer to his brother. He indicated that his brother has recently been supportive of him, and that he has just begun to enjoy spending time with him. Jim reported that he has tried to make his brother happy, and has parented him since his sister's death. Jim indicated that he chooses supportive friends that have a positive influence on him. He stated that they have understood his feelings about his sister and her death, but that he only now has been able to talk with them about her and her death. Jim reported that since his sister's death he has had more difficulty making and keeping friends, and has had more difficulty with intimacy. Jim indicated that others were not supportive of him after his sister's death. He stated, "I don't think they said very much at all and what they did say was crap, 'she's up in heaven now', etc. It's more like they avoided the subject." When Jim was asked how he responds to others who ask how many brothers and sisters he has, he stated "I'll say two."

Jim has tried to keep his sister's memory alive by talking and writing about her

and her death. He also reported that he has had good dreams about her where he has felt that he has been with her. He indicated that he missed her more on his birthday and her birthday--their birthdays were one day apart. When asked what he missed most about his sister, he responded, "I think it's just the young, innocent girl." Jim reported that about a month before he graduated from college he had a "big explosion and cried frequently about Jill." He also indicated that this year has been difficult because it will be the 5-year anniversary of her death. He stated that he has believed his sister's death has had a negative affect on his life. He stated, "I grew up a lot faster than I should have. I was a 20-year-old who should have been enjoying college. Seeing what I saw of her in the accident and in the hospital aged me. I feel like I lost years, I hope to gain some of them back." He also indicated that her death "made me really want to be happy, to have a family of my own."

Jim reported that he has a friend and a fiancée he has talked with about his sister and her death. He indicated that his best friend has helped him the most in dealing with her death, by "just his being there, whether we talked about it or not." Jim displayed difficulty answering when asked if his sister's death has had any impact on his belief in God or a higher power. He talked about how her death has affected everyone else, but avoided the question. Finally he responded, "For mine I think about the same as it always was, the college education always mixes things up. I've never doubted the existence of God [pause], I don't think it's affected it at all." He appeared to have difficulty answering this question.

Jim's results on the MDI suggested that he was experiencing minimal

depression. These results also suggested that he may be having some difficulty with guilt and social introversion. Jim's results on the MPD suggested that he has a highly significant overall resolution. These results indicated that he has resolved issues of trust, autonomy, generativity, and ego integrity to a highly significant degree. Three of the remaining four stages appeared to be resolved at a moderately high degree. His results on both instruments suggested that he may have been responding in a pattern typical of those seeking "social desirability."

Case Study 23

Bob was a 26-year-old married male, who has completed a college education. When Bob was 24 years old, his younger brother was killed in an automobile accident. His brother had been a passenger in a car his girlfriend was driving. They both had been drinking. The highway patrol reported that she had been traveling at a speed of 70-100 miles per hour when she ran into the back of a semi-truck. Both she and Bob's brother were killed instantly. His brother was 23 years old at the time of his death.

Bob was in the army at the time of his brother's death. He reported that he remembers his mother called him and told him that his brother had been killed. He stated that since his brother's death, he has struggled to find out what happened, where they went after work, why they were traveling on that highway, why she was driving since her blood-alcohol level was higher, and what his brother's bloodied shirt was doing rolled up in the trunk.

He indicated that since he was about to be discharged from the army he had to

"deal with" his brother's death quickly, because he had to find a job. He stated, "I had to get on with things and take care of my daughter." He reported that "for the first 8-9 months after the accident my daughter would get on her play phone and talk to Uncle Walt." During the first 3 months, Bob had difficulty sleeping, was sad and cried often, and experienced guilt. He indicated that he felt if he had done something different or been a better role model, maybe his brother would not have died. Bob reported that since his brother's death he has had difficulty trusting in his own and his family's personal safety because of his brother's death. He also indicated that he has continued to cry often. Bob stated that he and his brother were a lot alike, they were both "pretty sarcastic, had the same sense of humor, enjoyed arguing, had pretty high opinions of ourselves, both liked to fish, liked the same music, and a couple of times we were interested in the same girls." Bob's ego boundaries with his deceased brother appeared to be tenuous, but intact.

Bob reported that he attended his brother's funeral, and assisted with the funeral arrangements. He stated, "I tied up the financial ends, closed all his bank accounts." He indicated that he wrote a letter to his deceased brother which he asked the preacher to read at the funeral. He also chose the music, and helped his mother choose the pall bearers. He only visited his brother's grave one time during the first 3 months following his brother's funeral. He indicated that he now visits one time per month. Initially, he preferred to visit the grave alone, but now prefers to visit the grave with his daughter. He stated, "When we get off the exit she says 'Oh, we're going to see Uncle Walt.'"

Bob indicated that his father has been supportive of him since his brother's death, but that his mother has only recently been supportive. He has been unable to talk with his father about his brother or his death, but stated that he has always been able to talk with his mother. Bob stated, "My dad has never talked about Walt since he died, he can't look at pictures or anything." He reported that his father has started drinking heavily since his brother's death. He indicated that he has enjoyed spending time with his parents, but reported that they have been more protective of him. Bob stated that his relationship with his mother has changed since his brother's death. He reported, "It really put a lot of stress on our relationship. It got to a point where we weren't speaking for about a month last summer. She's got two other kids and a granddaughter" but has talked only of Walt. He also stated, "My mom used to say she has a hard time being around my daughter because it reminded her of all the kids Walt would have had, and that caused a lot of problems with my wife."

Bob reported that he and his wife have decided not to have any more children, so he had a vasectomy last year. He stated, "My mom was really upset, she wanted me to have a lot of children to make up for all the children Walt would have had." Bob indicated that since his brother's death, he has felt he has had to compete with his deceased brother for his mother's attention, approval, and love. He reported that he has tried to make his parents happy and to meet their emotional needs, stating "Initially, I called my mom every day." Bob reported that his mother has talked about committing suicide since his brother's death. Bob indicated that he has become very close to his surviving brother, "Now it's more like we're friends instead of just

brothers." He described his brother as supportive, and indicated that he has been able to talk with him about his brother and his death. He stated that since his brother's death he has enjoyed spending time with his surviving brother. Bob reported that he has tried to make his brother happy since his brother's death, and that he has recently parented him.

He reported that he does not have any friends. Bob stated, "I really don't have any friends, I spend my time with my wife." He does not believe that his brother's death has caused him to have difficulty with intimacy. Bob also reported that he does not have more difficulty making or keeping friends. He reported that others were not very supportive, stating "Nobody really wanted to talk too much about it." When Bob was asked how he responds to others who ask how many brothers and sisters he has, he stated "Two."

Bob has kept pictures of his brother to help him remember him. He indicated that he also has some of his brother's clothes, shoes, and a pocket knife. Bob has worn his brother's clothes, and was wearing his blue jeans to the interview session. Bob reported that he missed his brother more at Christmas and on his daughter's birthday. He indicated that "last year has been the hardest." When asked what he missed most about his brother, Bob responded, "Probably just sitting around talking and drinking and fishing, and I miss watching him with my daughter. She still has all the toys that he ever bought for her, and she knows who they came from." Bob indicated that his brother's death has had a positive impact on his life. He stated, "It's really made me appreciate the closeness of my family, and it has really made me a lot

closer to Rick (his surviving brother)." He also reported that his brother's death has given him an increased desire to be happy. He stated, "It's made me not measure my success financially, my desires are now to be home."

Bob reported that he has found someone he can talk with about his brother and his death--his wife. He indicated that she has helped him the most in dealing with his brother's death, by being "pretty much on the same wavelength: she knows when she needs to just sit and listen or when she needs to say different things."

When asked if his brother's death has had any impact on his belief in God or a higher power, he responded,

None really. My whole belief in that is a strange thing anyway. I have difficulty buying into Christianity. There's really no difference between Christianity and Greek mythology, and they've used it to control people. I have a difficult time accepting that children who die young and people who have never heard of Christianity will not be allowed to go to heaven.

Bob's results on the MDI suggested that he was experiencing minimal depression. His results on the MDP suggested that he has an overall resolution that is considered "normal" for his age group and gender. These results further suggested that he had moderately high resolution in the areas of autonomy, industry, identity, and ego integrity. Bob's results on both instruments suggested that he may have been responding to test items with a pattern of "social desirability."

Case Study 24

Nora was a 22-year-old divorced female, who has completed a high-school education. When she was 15 years old, her older sister was killed in an automobile accident. She had been riding with friends when the driver lost control of the

automobile and drove off the road. The automobile rolled several times. Her sister was thrown from the car and killed instantly. Her sister was the only one seriously injured in the accident. The driver had been driving while under the influence of alcohol. She was 16 years old at the time of her death. Nora's older brother had difficulty dealing with his sister's death, and took his own life on the 5-month anniversary of his sister's death. He shot himself in his parents' barn. His father found the body. He was 20 years old at the time of his death. Nora now has one surviving sibling, an older sister.

Nora reported that during the first 3 months after her siblings died she had difficulty sleeping, was sad and cried often, and had nightmares. She stated that when she was first told about her brother's death, she went "running up and down the street screaming." Nora reported that she has thought about her brother's death more than her sister's, stating, "I think I thought about that more than I did with my sister, because it happened in my back yard and every time I looked outside I thought about it."

She indicated that since her siblings' deaths she has had difficulty trusting others, and has felt she must live her life for her deceased siblings. She also stated that since their deaths she has wished she were dead. She reported that she has continued to be sad often, and to have difficulty sleeping. She also indicated that she gets angry every time she sees the driver of the automobile that had the accident which caused her sister's death. Nora reported that she has "never really talked about it with anybody; I just kept it to myself." When asked if she were a lot like her deceased

siblings she stated,

Not really with my sister. she was the type who always liked to pick on me. Actually we never got along, always hitting and smacking. My brother and I were a lot alike. We looked a lot alike. We both look like my dad. But we acted different. so it was basically just the looks.

Her responses appeared to indicate that she had adequate ego boundaries with her deceased siblings.

Nora indicated that she attended her siblings' funerals, but was not involved with the funeral arrangements. She was satisfied with her level of involvement with the funeral and arrangements. Initially, she visited her sister's grave once a week, and her brother's grave three to four times in the first 3 months. She indicated that she has now been visiting her sister's grave once every 2 months, and her brother's grave once or twice a year. Nora has always preferred to visit her sister's grave with her mother, but has preferred to visit her brother's grave with both parents.

Nora stated that her parents have been supportive of her, and that initially they were more protective as well. She indicated that she has been able to talk with her parents about her siblings and their deaths. Nora also indicated that she has enjoyed spending time with her parents. Since her siblings' deaths she has tried to make her parents happy, to take care of them, and to meet their emotional needs. She indicated that she has not found her sister to be supportive of her, but stated that initially she was able to talk with her about their deceased siblings and their deaths. Nora has not enjoyed spending time with her surviving sister. She reported that her sister has had difficulty with alcohol since their siblings' deaths. She stated, "She drinks just about all the time."

Nora indicated that although initially her friends did not understand her feelings about her deceased siblings or their deaths, she has felt that they do now. Likewise, she indicated that initially she was unable to talk freely with her friends about her deceased siblings and their deaths, but that she has been able to recently. Nora indicated that she attributed this to the fact that she does not have any of the same friends she had before her siblings' deaths. She stated that she chooses supportive friends, who have a positive influence on her. She also stated that others were supportive of her after her siblings' deaths. Nora indicated that she dated less after her siblings died. She reported that initially she had difficulty with intimacy and letting others get close to her. She stated that since her siblings' deaths she has gotten a divorce.

Nora has kept pictures of her deceased siblings and letters from her brother to help keep their memory alive. She reported that she missed her siblings more at Christmas, on birthdays, at graduations, and at weddings. Nora stated that the first year was the most difficult. When asked what she missed most about her siblings, she responded, "With my sister, probably just the fact that she was my sister, and having her there if I needed her." For her brother she responded, "Probably teasing him all the time." When Nora was asked how she responds to others who ask how many brothers and sisters she has, she stated, "I had two sisters and I have one now, and I had one brother." Nora reported that she believes her siblings' deaths have changed her life. She stated it has changed by "just not having them around, and I've since had kids." She reported that their deaths have not had an impact on her desire to be

happy or successful.

Nora indicated that she has not found anyone she can talk with about her siblings or their deaths. Yet, she indicated that her parents have helped her the most in dealing with their deaths. "just by talking and being there." Nora stated that she has grown closer to God since her siblings' deaths. She indicated though that at first she was angry with God. "At first I always thought that He was supposed to watch over everybody and not let things happen. So I didn't think He cared."

Nora's results on the MDI suggested that she was experiencing minimal depression. Her results on the MPD suggested that she had overall adequate resolution for her age group and gender. These results further indicated that she had moderately high resolution of issues involving autonomy.

Case Study 25

Vicky was a 31-year-old married female, who has completed two quarters of college. When she was 22 years old, her older brother was killed by a drunk driver. The drunk driver ran into her brother's car. Her brother was killed instantly, but the drunk driver was unharmed. Her brother was 24 years old at the time of his death. Vicky has two surviving siblings: both are younger sisters.

Vicky reported that her initial reaction after hearing that her brother had been killed was to scream. She stated, "I kept asking 'why.' 'Why Don?' 'Why not someone like a bank robber?'" She also indicated that initially she felt numb and experienced disbelief. Vicky reported that during the first 3 months she was sad and cried often, and she experienced guilt. She stated that she and her husband

immediately began trying to get pregnant. Vicky reported that less than 1 week after her brother's death she became pregnant. The child was a boy, and was named after her brother. She indicated that her son was given her brother's name as his middle name, but that now the child has wanted to be called by his middle name (her brother's name). Additionally, Vicky reported that her brother's birthday was May 12th and that her son's birthday is May 21st. This child appeared to have been a "replacement" child. Vicky's ego boundaries with her deceased brother appeared to be intact.

Vicky reported that since her brother's death she has had difficulty trusting in her own and her family's personal safety because of her brother's death. She indicated that initially she had difficulty with the fact that "life goes on, no one around you knows what you have just gone through." Vicky also stated that she had difficulty being the oldest surviving sibling. She reported that she thought, "Now all of a sudden I'm the oldest." Vicky indicated that initially she would think she saw her brother after his death. She stated, "I'd look in the rear view mirror and I'd think I'd see him driving the car behind me." This continued for the first year. When asked if they were a lot alike, Vicky responded, "No, I did everything possible to be opposite him. Everything! We were 17 months apart." Her responses indicated that she may be experiencing difficulties with ego differentiation.

Vicky reported that she attended her brother's funeral, and that she was involved with the funeral arrangements. She stated, "I picked out the casket and the clothes he was to wear, and decided whether or not to have an open casket." She was

satisfied with her involvement with his funeral and the arrangements. Initially, Vicky visited her brother's grave one time during those first 3 months, but reported that recently she has visited only three to four times a year. Initially, she preferred to visit his grave alone, but recently has preferred to visit with her husband and son.

Vicky described her parents as supportive of her, but reported that initially they were more protective of her. She indicated that it "brought us closer," and that she has been able to talk with them about her brother and his death. She has enjoyed spending time with her parents, and has tried to make them happy.

Vicky reported that since her brother's death she has been in a serious automobile accident, and "totaled" her car. She stated that her first thought during the accident was "Please don't do this to my parents." She reported that she did not think about how her death would affect her husband or son, but rather how it would have affected her parents. Vicky indicated that since her brother's death she has felt she must compete with her deceased brother for her parents' attention, approval, and love. She reported that this has recently stopped.

Vicky reported that she has become closer to her sisters since her brother's death. She stated, "I just remember clinging to my sisters and them clinging to me." Vicky indicated that her sisters have "looked up" to her a lot more since their brother's death. Although she described them as supportive, she stated that she has never been able to talk with them about their brother's death. Vicky further reported that she has only recently been able to talk with them about their brother at all. She indicated that she has enjoyed spending time with them, has tried to make them happy, and has

parented them. Vicky reported that one sister has recently had a child "for mom to take care of." She stated that she had told her sisters, "Someone is going to have to have a baby, mom needs someone to take care of." This child also appeared to be a "replacement" child. Vicky indicated that her youngest sister had not "dealt" with their brother's death. "She said that she still pretends he's off in Europe." She also stated that her other sister talked of committing suicide after their brother's death.

Vicky reported that her friends have been supportive of her, that they have understood her feelings about her brother and his death, and that she has been able to talk freely with them about him and his death. She indicated that she chooses friends that are supportive and have a positive influence on her. Vicky reported that she has not felt that her brother's death has caused her to have difficulty with intimacy. She stated though, that others have not been supportive of her, and that they usually ask 'How are your parents doing?' When Vicky was asked how she responds to others who ask how many brothers and sisters she has, she stated, "I had a brother who's not here any longer and two younger sisters."

Vicky reported that she has used a record her brother bought her to help her remember him. She also reported that she has kept "things he brought me from France and Germany." Vicky indicated that her son has helped her remember her brother as well. She stated, "My son is left-handed and so was my brother; neither my husband nor I are left-handed." She reported that she has missed her brother more on his birthday, on her birthday, at Christmas and Easter, and on the anniversary of his death. She indicated that the first year after his death and the year she turned 25 were

the hardest for her. Vicky stated that the year she turned 25 was difficult. "because he never got to." She reported that still on each birthday she has continued to think about the fact that her brother never reached that age. When asked what she missed most about her brother, she responded, "Sharing my son with him." Vicky indicated that her brother's death has made her

realize I'm not immune to anything, whether it be sickness, illness, accident, or death; because, it could happen at any time. Also, when someone asks me what I will be doing 5 years from now I cannot and will not answer, because of that.

Vicky stated that has felt that her brother's death has given her a stronger desire to succeed.

When asked if Vicky has found someone she can talk with about her brother and his death, she responded, "Yes, my husband." She reported, though, that it has been her aunt who has helped her the most in dealing with her brother's death. She stated, "She was there, and she was always willing to talk about it." Vicky indicated that she has believed her brother's death had a positive impact on her relationship with God. She stated,

Well here's how I see it. I figure that the Good Lord needed Don up in Heaven to help Him come up with a cure for my dad's leukemia. [Her brother was a chemist, working in chemical research.] So, it doesn't give me a bad feeling like anything bad has happened.

Vicky's results on the MDI suggested that she was experiencing minimal depression. These results also suggested that she was experiencing moderately high difficulty with learned helplessness, and mild difficulty with guilt, low self-esteem, and irritability. Vicky's results on the MPD suggested that she has adequate overall

resolution for her age group and gender. However, they also suggested that she was experiencing moderately high negative attitudes regarding autonomy, identity, and ego integrity. These results appeared to indicate that she was experiencing moderately low resolution of issues involving autonomy and ego integrity.

Case Study 26

Helen was a 34-year-old married female, who has completed a bachelor's degree in human resources. When she was 21 years old, her older brother committed suicide. Her brother hung himself in his parents' garage. Her father found her brother's body, but would not tell his wife where their son had hung himself until they moved from their home 10 years later. Helen does not have any surviving siblings.

Helen stated that her brother had left a tape for his family, but that the police confiscated it. She reported that the family had to listen to the tape at the police station. Helen stated that initially the police attempted to tie her brother to several unsolved cases, and that this made her very angry. She reported that she "still has negative reactions to cops." Helen reported that initially she was angry, had difficulty sleeping and eating, was "severely depressed," and cried often. She also indicated that her grades fell in college. During those first 3 months she also experienced guilt because her brother kept threatening to commit suicide, so "I said 'Just do it.'" She stated, "We had recently been growing apart and I just keep reliving the last time I saw him."

Helen indicated that during the first few months after his death, she felt she had to live her life for her deceased brother. She indicated that she now has had

nightmares "where I see him again, and keep running and running but can never catch him." Helen stated that she has continued to cry often, and now has had difficulty trusting in her own and her family's personal safety because of her brother's death. She reported that she now tends to be "more irritable and less patient." She also stated that she now wishes she were dead. Helen reported that she has had thoughts of committing suicide, and has attempted to do so.

She further reported that she has been hospitalized two times for severe depression. Helen stated that she has not allowed herself to get that depressed for quite some time, and "catches it quickly enough." She indicated that she has decided not to have any children, "because I saw what my parents went through, but if I did I wouldn't just have two." When asked if she and her brother were a lot alike, she responded, "Not really, actually we were pretty opposite. I was more outgoing, he was more shy." Helen's responses appeared to indicate that she has appropriate ego boundaries with her brother. Her suicide attempt may indicate poor ego differentiation, but it appeared to be more a product of her destructive, irrational guilt.

Helen indicated that she attended her brother's funeral and was involved with the funeral arrangements. She stated she was "pretty much completely involved; we made all the decisions together." She also stated, "I went down with them to the morgue when we decided to donate his body to science." Since they decided to donate his body to science, the remains were not returned to them for 1 year. Helen indicated that this was hard for her, because she had no grave to visit for the first year. They had the funeral after the remains were returned, and buried the remains. Helen

indicated that she decided on the music for the funeral and "what they would read." Initially, there was no grave to visit, but she reports that after the remains were buried, she has visited the grave two to three times a year. She has preferred to visit his grave with her parents.

Helen stated, "At first mom kept saying Pete this and Pete that, and I kept thinking what about me?" She indicated that initially she felt she had to compete with her deceased brother for her parents' attention, approval, and love. She reported that her parents have been supportive of her, but that they have also been more protective. Helen indicated that since her brother's death she has been able to talk with them about her brother and his death. She also indicated that she has enjoyed spending time with them. Helen stated, "I'm more appreciative of them now; I don't take them for granted." She reported that she has tried to make them happy, to take care of them, and to meet their emotional needs. Helen stated, "I think about how they're going to feel when I decide to do things now, more than I ever did before." She reported that after her brother's death, she moved back in with her parents for 3 years.

Helen indicated that her friends have understood her feelings about her brother and his death. She also has been able to talk freely with them about her brother and his death. She reported that she chooses supportive friends that have a positive influence on her. Helen also stated that now "when my friends are in need I feel more responsible to help them." She indicated that her cousins have become more like siblings to her. Helen indicated that others have not been supportive of her. She stated, "Most people kind of avoided the topic." She reported that her brother died

during finals week at college. She decided to go ahead and take the exams. After one exam, her professor asked her what had happened. She stated, "When I said 'suicide,' he said, 'Was he on drugs or something?'" When Helen was asked how she responds to others who ask how many brothers and sisters she has, she stated, "I had one brother."

Helen stated that she has not felt that her brother's death has caused her more difficulty with intimacy. She indicated that immediately following her brother's death she began dating someone who was in the process of getting a divorce. Helen reported that she felt they had been "commiserating" with each other. She stated, "I latched onto someone: he looked just like Pete." Helen indicated that this relationship lasted only for a short period of time, and then she "didn't want to date at all." She has since married.

Helen has kept pictures of her brother and has kept the last Christmas present he gave her to help her remember him. She indicated that her family also planted a tree for him. Helen stated that she missed him more at Christmas, on his birthday, on the anniversaries of his death, and at her college graduation. She reported that the years between her 21st and 25th birthdays had been the most difficult. She stated, "When I turned 24, I sent my mom two dozen roses because now I was older than Pete." When asked what she missed most about Pete, she responded, "I guess the family and the 'I remember whens.' It's really tough at family get-togethers when I hear my aunts and uncles talking together. I guess I also wonder what kind of a relationship we would have now." Helen indicated that her brother's death has had a

positive impact on her life. She stated, "I think it made me recognize the value of life, and it's made me closer to my parents."

When asked if she has found someone she can talk with about her brother and his death, she responded, "Yes, my friends. Actually I talk to about most any body. It's part of me." Helen indicated that counselors and "The Compassionate Friends" have helped her the most in dealing with her brother's death. She stated, "They helped me work through it." Helen also indicated that her belief in God has helped her. She stated, "I turn more or feel more of a support from God. I think that everything happens for a reason." She also stated, "Probably initially I turned to church more."

Helen's results on the MDI suggested that she was experiencing minimal depression. They also suggested that she has been experiencing some guilt. Helen's results on the MPD suggested that she has an overall "normal" resolution for her age group and gender. These results also suggested that she has moderately low positive attitudes toward trust.

Case Study 27

Dan was a 22-year-old single male, who has completed high school. The day before Dan's 14th birthday, his infant sister died of SIDS. She was 5 months old at the time of her death. Dan arrived home from school and saw an ambulance and fire truck in his yard. When he went inside to find out what had happened, he saw his sister's body laying on the kitchen table. He had not been called at school and had no idea that anything was wrong until he arrived home. Dan has two surviving siblings--

a younger sister and a younger brother.

Dan reported that during the first 3 months he was sad and cried often. He also stated that his grades fell. It just "seemed like she'd be coming back any time," he stated. "I still can't figure out why this happened." When asked about his involvement with her funeral arrangements and the funeral he responded, "I was just there." But he stated that he was satisfied with his involvement, and did not wish he had been more or less involved. Initially, he reported, he went to the grave every Sunday, but now he goes only at the holidays. He indicated that he has preferred to visit the grave with his family.

Dan indicated that his sister's death has affected his relationship with his family. He reported that initially "it brought us closer," but his relationship with his parents has now gone "back to the way it was." However, he indicated that his sister's death has continued to draw him closer to his surviving siblings. Dan reported that he has been more protective of his surviving siblings since his sister's death. "I kept watching my brother to make sure that nothing was wrong with him or anything." He reported that during the first 3 months after his sister's death, he was unable to talk with his parents or surviving siblings about her or her death. He also stated that since his sister's death he has tried to make his parents and siblings happy, and "tried to do things so they wouldn't think about it all the time."

Dan reported that his family and friends have been supportive of him, and that he has enjoyed spending time with them. Some of his friends went to his sister's funeral, and this brought him "closer to them." He stated that he has felt his friends

have understood his feelings about his sister and her death, but that only recently has he been able to talk freely with them about her and her death. Dan reported that he chooses supportive, positive friends. Others have been supportive saying "that they were sorry to hear about it [long pause] and if there was any thing they could do [broke off]." When Dan was asked how he responds to others who ask how many brothers and sisters he has, he responded, "Two brothers and a sister." He reported that he does not believe his sister's death has caused him to have difficulty with intimacy. His dating relationships usually last 5 to 6 months, although he is not currently dating.

Dan indicated he has missed his sister more at certain times of the year, in particular the holidays. He also stated that the first year was the hardest. When asked what he has missed most about his sister, he responded, "Just that I didn't get to see her grow up or anything." He has kept a picture of her to help him remember her, and "some things we got from Compassionate Friends."

When asked if he has found someone he can talk with about his sister and her death, he responded, "No." Dan stated that "just dealing with it with the whole family" has helped him the most. When asked how this has helped, he responded, "Just didn't put the blame on somebody. It's just something that happened and everything has to go on." Dan reported that since his sister's death he has started drinking alcohol "now and then." He stated he usually drinks a 6-pack over the weekends.

Dan indicated that his sister's death has not had any impact on his belief in

God or a higher power. "I just keep asking Him 'Why.' He's never answered."

Dan's MDI profile suggested that he was experiencing minimal depression, with the presence of some guilt. Dan's MPD profile suggested that his overall conflict resolution of the eight stages is average for his age. However, the results indicated some difficulties with trust, guilt, stagnation, and despair. The results also suggested that he has somewhat high resolution in the areas of identity and industry. He appeared to have a strong sense of self (or identity) and does not appear to suffer with feelings of inferiority.

Case Study 28

Mark was a 27-year-old single male, who has completed a college education. When he was 25 years old, two of his brothers were murdered. Three of his brothers were out celebrating their oldest brother's one year anniversary of becoming a dentist. They decided to go to a topless bar. They tried to gain admittance, but it was a private club and they were prevented from entering. The brothers began arguing with the manager, but when they turned to leave he shot them. Each brother was shot several times, two brothers were killed instantly but the oldest survived. Mark lost an older and a younger brother. Additionally, when Mark was 9 years old, a younger brother died shortly after birth. Mark has two surviving siblings--an older and a younger brother.

Mark reported that he had seen his brothers lying dead in the parking lot on the news. He indicated that the news had shown them pulling a sheet over his brother's body, and had shown a close up of his face. Mark stated that this memory has

continued to bother him. He reported that he has remembered how he was told about his brothers' deaths. Mark stated that his father had called him early one morning and he asked his father "What the hell you calling me so early in the morning for?" His father responded, "How about two dead brothers." Mark reported that the man who shot his brothers was initially convicted, but that he appealed and the verdict was thrown out. So they have waited for a second trial. Mark indicated that they have not told their mother that the verdict was thrown out. "She thinks that it's all over." Mark reported that he had continued to feel angry about his brothers' deaths, and angry with the man who killed them.

Mark reported that during the first few months after his brothers' deaths, he had difficulty sleeping, was sad and cried often, and experienced frequent nightmares. He stated that most of the nightmares involved one of his brothers being alive and one dead, but never both of them being killed. Mark indicated that he had a severe sleeping disorder for the first year and a half. He stated that he has continued to have to wear a mouth brace, due to severely grinding his teeth in his sleep. He also reported that he has had violent reactions to his dreams, and has struck out in his sleep and awakes screaming. Mark reported that he has continued to have nightmares. He stated that since his brothers' deaths he has continued to be sad and cries often, he has felt he must live his life for his deceased brothers, and has experienced guilt. Mark stated, "I was supposed to be there, but I had to work. I have always been the calm one, so if I had been there, maybe I could have done something different. I should have been there."

Mark also indicated that he has had difficulty trusting others, and difficulty trusting in his own and his family's personal safety because of his brothers' deaths. Mark reported that now he has had a stronger need to be in control. He indicated that he has had violent reactions to his brothers' deaths, in that now when confronted he has tried to completely disable the other person. He reported an incident, since his brothers' deaths in which someone pulled a gun on him, and he broke the person's knee and disarmed him in a barroom brawl.

Mark reported that he has continued to have difficulty accepting his brothers' deaths. He stated that he has continued to imagine that his brothers will "walk through the door at any time." Mark indicated that he has continued to wish he were dead since his brothers' deaths. He reported that he has contemplated committing suicide since his brothers' deaths, but stated "I have seen what my family has gone through, and I'd never put them through that again." Mark reported that since his brothers' deaths he has begun to abuse drugs and alcohol, and began smoking again. He indicated that he used a lot of drugs and alcohol during the first 3 months after his brothers died. He has continued to use cocaine, and reported that he has only recently quit. Mark stated that his oldest brother has continued to abuse drugs and alcohol since their brothers' deaths. Mark also indicated that since his brothers' deaths he has been in jail and has had his license suspended for 2 years. Mark stated that his license was still suspended at the time of the interview. However, he drove 2 1/2 hours to attend the interview session. Mark indicated that he and his brothers had been very similar. He stated, "We all played sports, we all had the same tendencies, pretty much

lived our lives in the fast lane, we were just a lot alike. Oh yeah, we're all sore losers." Mark's responses appeared to indicate that he has poor ego differentiation with his deceased brothers.

Mark reported that he attended his brothers' funeral, and that he had helped with the funeral arrangements. He stated, "I was one of the pall bearers, and I helped pick out my younger brother's casket." He indicated that he also helped select the clothes his brothers were to wear. Mark indicated that he "fell apart at the funeral." He stated, "Having to see the incisions up their heads from the autopsies was really hard." Mark indicated that he initially had visited his brothers' graves two times a month and on their birthdays and on his older brother's 1-year wedding anniversary. He stated that now he has continued to visit once a month, and on their birthdays, the anniversary of their death date, and his older brother's wedding anniversary. He indicated that initially he preferred to visit their graves alone, but that now he has preferred to visit with his girlfriend, his mother, and his surviving brothers.

Mark described his parents as having been supportive of him, but they have also been more protective. He reported that he has recently enjoyed spending time with them. He stated, "I had hoped this would bring us closer, but it hasn't." He indicated that he initially could talk with his parents about his brothers, but that now he has only been able to talk about them with his mother. He stated that he has never been able to talk with them about their deaths. He reported that "we have never all sat down and talked about this." Mark reported that he has tried to make his parents happy, to take care of them, and to meet their emotional needs. He indicated that

"initially I worried more about my parents than myself." Mark also stated, "I've worried about my mom a lot. We have not told her that the verdict has been thrown out. We don't want her to be upset."

Mark indicated that he has felt closer to his surviving brothers since their brothers' deaths. He stated, "I wish this would bring my older brother out of the fast lane, but it hasn't." Mark reported that he has never talked about their brothers' deaths with his younger brother, but that he has been able to talk with his older brother. He indicated that he now has been able to talk with his surviving brothers about their deceased siblings. Mark reported that his brothers have been supportive of him, and that initially he had tried to make them happy. He indicated that he has parented them since their brothers' deaths. Mark reported that his friends have been supportive of him, and that he has been able to talk freely with them about his brothers and their deaths. He stated though that he has not believed they understand his feelings about his brothers and their deaths. Mark reported that he chooses supportive friends, who have a positive influence on him. Yet he indicated that these friends have been his drug connections and get high and drunk with him. Additionally, at two points during the interview Mark reported that he has not talked with anyone about his brothers, their deaths, or his feelings about them and their deaths.

Mark reported that initially his brothers' deaths caused him to have more difficulty with intimacy, and that since their deaths he has had more difficulty making friends. He indicated that he has had more difficulty letting his girlfriend get close to

him. He indicated, however, that others have been supportive of him. When Mark was asked how he responds to others who ask how many brothers and sisters he has, he stated, "I have four brothers."

Mark indicated that he has had good dreams about his deceased siblings since their deaths. He stated that he has dreamed "about things we did or would do now." Mark has kept articles from the newspaper about their achievements in sports and has kept a scrapbook that his younger brother made. He reported that he also has kept some of his older brothers clothes, and that he has worn them. Mark indicated that he has missed them more on holidays, at weddings, at Thanksgiving and Christmas, on the anniversary of their death, and on his brother's wedding anniversary. He reported that all of the years have been difficult. When asked what he has missed most about his deceased brothers, he responded, "The fun times."

Mark reported that his brothers' deaths have had a positive impact on his life. He stated, "I realize a lot more how valuable life is now. I realize how short life can be. I help people more now, I just jump right in." He also stated that now "if confronted I don't give them a chance to hurt me. I just react immediately, and don't hurt them now but put them in a position where they can't hurt me." Mark indicated that their deaths have given him a stronger desire to succeed, and reported that he recently started his own business.

When asked if Mark had found someone he can talk with about his brothers and their deaths, he responded, "No, this is the first time I've talked about all this." He reported that his girlfriend has helped him the most in dealing with his brothers'

deaths. He stated that she has helped by "just always being there and listening to me. She's been real supportive of the changes in me." When asked if his brothers' deaths have had any impact on his belief in God or a higher power, he responded, "I was always suspect about it, but it's pretty much nil now."

Mark's results on the MDI suggested that he was experiencing mild depression. These results also suggested that he was experiencing cognitive difficulty, guilt, pessimism, and irritability. They also appeared to indicate he may have been experiencing mild low energy levels and learned helplessness. Mark's results on the MPD suggested that he has overall a "normal" resolution for his age group and gender. However, the results appeared to indicate moderately low resolution of issues involving identity, generativity, and ego integrity. They also suggested that he had moderately high negative attitudes toward issues involving trust, autonomy, identity, and generativity.

Case Study 29

Patty was a 24-year-old married female, who has completed a bachelor's degree in business. When she was 23 years old, her younger sister was killed in an automobile accident. Two days before her sister died, her father-in-law died. They were all very upset by his death, because her father-in-law had been her father's best friend. Her sister had been having difficulty sleeping because she was upset about this man's death. She also was attending college classes and was working nights at a hospital. She fell asleep at the wheel on the way home. Her sister was 20 years old at the time of her death. Patty has one surviving sibling--an older brother.

Patty reported that she was told about her sister's death by her husband. She stated that just before her father-in-law's wake, her parents had called and told her husband that her sister was in an accident and had been "life-flighted" to the hospital. She reported that her husband did not tell her until they returned from the wake several hours later. She stated that at this time they called the hospital to find out her condition. Her husband was told she had died and he then told Patty. She stated, "When I was told I just started screaming uncontrollably." She also stated that "the initial shock was just unbelievable." She reported that she had a difficult time accepting the fact that her sister was dead. Patty reported that "I felt she knew beforehand, because that night before she died, she gave me her jacket, and she had just written a paper for school about her siblings and how much they meant to her."

Patty stated that during the first 3 months after her sister's death, she had difficulty sleeping and her grades fell in college. She indicated that since her sister's death she has had difficulty eating, has been sad and cries often, and has experienced guilt. Patty reported that she felt guilty because she did not spend enough time with her before she died. She stated, "I kept telling her that I would have more time to spend with her after graduation." Patty also indicated that since her sister's death she has experienced nightmares about her sister and her death. She reported that since her sister's death she has had difficulty trusting others, and has had difficulty trusting in her own and her family's personal safety because of her sister's death. She also indicated that since her sister's death she has felt she has had to live her life for her sister. Patty stated that she often has thought, "What can I do that would make her

still be here in a way? I have been thinking about going back to school to become a nurse. She was thinking of going into nursing, so I think one day I will go back and do it for her." Patty continued, stating, "I think about what all she missed out on." She indicated that she has wished she were dead since her sister's death. Patty reported that initially she contemplated committing suicide, and she developed a plan. She continued, stating "But the thing that kept me from doing it was that God wouldn't let me be with her again." She reported that "still on my way home from work I continue to wish that I'd get in an accident, and sometimes I start intentionally speeding."

Patty stated that she has continued to cry herself to sleep at night, but that "I think my husband has grown immune to it, he doesn't even notice anymore." She reported that her husband cannot figure out why she is "not over it yet." She stated, "I don't cry at home anymore, I cry at work in the bathroom in the back stall." Patty indicated that she has a hard time enjoying life now. "I have a hard time going out and enjoying myself, and find it hard to laugh." She also reported, "Everything seems so temporary, it seems like my life will be short, so everything has a sense of urgency to it." When asked if she and her sister were similar, she stated, "Inside I think we were a lot alike." Patty's responses indicated that she has poor ego differentiation with her sister.

Patty reported that she attended her sister's funeral, and that she made the funeral arrangements with her parents. She began to cry when she stated, "She was an organ donor, and someone got her eyes." She indicated that initially she visited her

sister's grave once a month, but that now she visits once every 2 or 3 months. She has always preferred to visit the grave alone.

Patty indicated that her parents have been supportive of her, but that initially they were more protective of her. She stated that she has been able to talk with them about her sister, but not about her sister's death. Patty reported that she has tried to make them happy, to take care of them, and to meet their emotional needs. She stated, "In a way, I feel like I have to pick up the slack and be there all the time." She stated though that she has enjoyed spending time with them since her sister's death. However, Patty indicated that now she feels she has to compete with her deceased sister for her parent's attention, approval, and love. Patty also indicated that since her sister's death, she has come to believe that her parents would not have missed losing her as much.

Patty reported that her brother has been supportive of her. However, she stated that "sometimes I think he wishes it would have been me that was killed, and not her." She indicated that "initially I think I felt that he didn't want to be close to me, he just wanted Sherrie." Patty reported that her brother has never talked about their sister or her death. She stated that she has enjoyed spending time with him, and has tried to make him happy. Patty also indicated that she has felt that all of her friends have abandoned her since her sister's death, and she reported that she does not have any of the same friends she had prior to her sister's death. She indicated that her friends have been understanding, but that she has been unable to talk with them about her sister or her death. Patty reported that her co-workers "just acted like nothing had

happened." She stated that she does not choose supportive friends who have a positive influence on her. When Patty was asked how she responds to others who ask how many brothers and sisters she has, she stated "I tell them one brother and one sister." She indicated that she has had difficulty making and keeping friends since her sister's death. Patty also stated that she has had difficulty letting others get close to her since her sister's death. She reported, "I keep my emotions to myself a lot more now." She also reported that she has been having problems with her husband, and stated, "I think he got tired of me not getting better."

Patty reported she has kept her sister's ring on a chain around her neck, and that she has worn it since her sister's death. She indicated that she has also kept pictures of her, one on her desk at work, several around her house, and one on her key ring. Patty stated that she has kept her jacket as well, and that she has worn it frequently. She indicated that she has missed her sister more "when the seasons change and at summertime, because she would normally be playing softball with us." Patty also indicated that she has missed her more on holidays, on birthdays, and on the anniversary of her death. When asked what she has missed the most about her sister, she stated, "Her friendship--I got a lot of support from her. She would always give me compliments and tell me 'You can do it, you can do it.' Just having her there as a friend to talk to. She also was the mediator in our family, she always pulled us together."

Patty reported that her sister's death has had a negative impact on her life. She stated, "It's made me think my life will be short--everything has a sense of urgency."

Everything is temporary, nothing can go right. I'm just waiting for the next bad thing to happen: nothing will ever get better." Patty reported that initially her sister's death made her want to finish college "for Sherrie." She indicated that she has continued to feel guilty for having fun, laughing, or enjoying herself.

When asked if she has found someone she can talk with about her sister and her death, she responded, "No." When asked what has helped the most in dealing with her sister's death she stated, "Talking to you and going to the Compassionate Friends conference." Patty reported that her sister's death has had a negative impact on her belief in God. She stated,

We talk about going to church, but we don't because I just sit there and cry. You hear about all the miracles that happen and why couldn't a miracle happen for her. Just so many unanswered questions. Maybe some day I will go back to church.

Patty cried throughout the interview.

Patty's results on the MDI suggested that she was experiencing moderate depression. They also suggested that she was experiencing low self-esteem, learned helplessness, cognitive difficulty, guilt, social introversion, pessimism, sad mood, low energy level, and instrumental helplessness. Patty's results on the MPD suggested that she had significantly low overall resolution. These results appeared to indicate that she had moderately low or significantly low resolution across all eight stages.

Case Study 30

Irene was a 22-year-old married female, who has completed a high-school education. When she was 21 years old, her brother was killed. They have been

unsure whether his death was a suicide or a homicide. There was another person in the trailer at the time her brother died. This person did not call the police or 911 for 8 hours after the gunshot wound was inflicted, but stayed in the trailer with him the whole time. The sheriff reported his death as a suicide prior to receiving a report from the coroner. The coroner has since ruled his death due to "undetermined causes": he did not rule it suicide. Irene has two surviving siblings, an older brother and a younger, adopted sister. Irene's parents divorced prior to her brother's death. Her father adopted a child with his second wife.

Irene reported that the media had reported on her brother's death even before the family was notified. She stated that she "broke the phone" when she got the call indicating her brother was dead. She stated that she went over to his trailer and remembers seeing him lying on the floor. All she saw were his boots. Irene stated that initially she had difficulty accepting his death and felt "it wasn't real." She indicated that they had been "best friends" and had lived in an apartment together for 2 1/2 years after they were "kicked out of their mother's home." She stated he had just moved out of their apartment 2 months before he died.

Irene reported that since her brother's death she has felt numb, has had difficulty eating and sleeping, and has felt she should not cry and must "hold it all in." She indicated that now she has often been sad, and has had nightmares about his death. Irene stated, "I can see him lying by the bed shot, and screaming 'help, help' and I'll try to reach him and he's not there." She reported that she has continued to wake up screaming in the middle of the night. Irene stated that she has experienced an

increase in risk taking behaviors. She reported that now she has had difficulty trusting others, and difficulty trusting in her own and her family's personal safety. Irene stated, "I still expect to hear him ring the door bell and say it's all a big joke."

Irene reported that since her brother's death she has "heard him talking on Peggy's monitor. I feel that he's here with me all the time. I can feel his aura." Irene reported that she has had a child since her brother's death. She stated that she named her daughter after her brother. Irene indicated that she and her brother were not similar; "he was more wild and I was the calmer of the two." Her responses appeared to indicate that she has tenuous, but adequate ego boundaries with her brother. However, her child appeared to have been a "replacement" child.

Irene attended her brother's funeral, and stated that she had been involved with the funeral arrangements. She stated, "Pretty much they let me pick out everything. I picked out the casket and what he was to wear." She indicated that she was satisfied with her level of involvement. Irene reported that she did not visit his grave during the first 3 months after his death, but that now she visits one to two times a month. She indicated that she prefers to visit his grave alone.

Irene reported that her mother has recently been more protective of her, but that her parents have not been supportive. She also stated that she has not enjoyed spending time with them, and has been unable to talk with them about her brother or his death. Irene stated, "I blame my dad because he rejected us both and Dick was having a real hard time with that, and I'm mad at my mom because she let my step-dad kick us out." Irene indicated that initially she felt her parents would not have

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missed her as much. She reported that she has not tried to make her parents happy, but stated "I had to be the rock for them to lean on." She also reported that she had been the one who told her parents about her brother's death. Irene indicated that her father is "drinking a lot now."

Irene stated that she has enjoyed spending time with her adopted sister, and has tried to make her happy. However, she reported that her older brother has been in Germany and she has not heard from him since their brother's death. Irene stated that her surviving siblings have not been supportive of her and that she has been unable to talk with them about their brother or his death. She reported that she has had the most support from her friends. "I can talk easier with them than with anyone else because they all knew him." Irene also indicated that she has since become good friends with her deceased brother's friends. She reported that she has felt that her friends have understood her feelings about her brother and his death. Irene also indicated that she has been able to talk freely with them about her brother and his death. She stated that she chooses supportive friends who have a positive influence on her. Irene reported that she has "definitely" had more difficulty letting others get close to her since her brother's death. She stated that she has not been able to talk with her husband about her brother or his death. Irene indicated that he has not been supportive of her and that they have been experiencing severe marital discord. She stated that she has contemplated seeking a divorce. Irene reported that the only reason her brother moved out of their apartment was because her husband had not gotten along with him. She stated that she blames her husband for forcing him to move out. Irene stated, "I feel

all alone now." She reported that others have been supportive of her. When Irene is asked how she responds to others who ask how many brothers and sisters she has, she stated, "I have two brothers and one sister."

Irene has kept a bracelet her brother gave her and she has worn a guardian angel pin "all the time" to help her remember her brother. She also indicated that she has kept pictures of him as well. She stated, "I keep a guardian angel pin on my daughter all the time too." Irene reported that she has missed her brother more at Christmas, on birthdays, on holidays, on the anniversary of his death, and when interacting with her child. When asked what she missed most about her brother, she responded, "Probably he was the one I could talk to about anything and he listened. His love for me was unconditional. I also miss the paling around because we were inseparable." Irene also indicated that he had "taken care" of her and protected her. She stated, "He lost his front tooth one night fighting because some guy called me a name." Irene indicated that her brother's death has had a negative impact on her life. She stated, "I just don't care any more. I don't feel like I owe anybody any more." She indicated that she has tried to be successful for "him and I both."

When asked if she has found someone she can talk to about her brother and his death, she responded, "I talk to my grandma and one of my brother's friends." Irene indicated that her daughter has helped the most in dealing with her brother's death. She stated, "She's just made me realize how important life is." Irene indicated that her brother's death has had a negative impact on her relationship with God. She stated, "I realize that God didn't take my brother's life, but I believe He let me down."

Irene's results on the MDI suggested that she was experiencing mild depression. They also suggested that she was experiencing irritability, instrumental helplessness, and pessimism. These results also appeared to indicate that she was experiencing mild cognitive difficulty, low energy level, sad mood, and learned helplessness. Irene's results on the MPD suggested that she has had overall "normal" resolution for her age group and gender. However, these results appeared to indicate that she has highly significant low resolution of issues surrounding trust, and moderately low resolution of intimacy, generativity, and ego identity.

CHAPTER FIVE

CONTENT ANALYSIS OF THE CASE STUDIES

Content analysis was utilized in this study to evaluate data obtained from the structured interview, depression instruments (RCDS or MDI), and the psychosocial development instrument (MPD). The following tables describe the content analysis for each of the eight developmental age groups evaluated according to their short-term and long-term reactions. Short-term and long-term reactions were evaluated in the following areas: cognition, emotions, behaviors, interpersonal relationships, psychosocial development, and spirituality. Short-term reactions were defined as those which began within 3 months after their siblings' death and were reported as no longer present. They were labeled as occurring "THEN" in the following tables. Long-term reactions were divided into two categories: (1) those which began sometime after the first 3 months but were present at the time of this study, and (2) those which began during the first 3 months and have persisted. Those long-term reactions that began after the first 3 months, but were present at the time of this study, were labeled as occurring "NOW" in the following tables. Those long-term reactions that began during the first 3 months and have persisted were labeled as having occurred "BOTH" (THEN and NOW) in the following tables.

The subjects were grouped in two ways. They were grouped by age at the time

of the investigation (Now) and by their age at the time of their siblings' death (Then). The subjects were placed into groups that correspond to Erik Erikson's psychosocial developmental stages. Those subjects grouped by their age at the time of this investigation were placed into one of the following age groups: 8-12 years; 13-21 years; and 22-35 years. Those subjects grouped by their age at the time of their siblings' death were placed into one of the following age groups: birth-2 years; 2-6 years; 7-12 years; 13-21 years, and 22-25 years.

The number of subjects who reported a particular reaction were reported in the following tables utilizing frequencies (f). Percentages (%) were reported for the number of subjects (n specifically indicated) in a particular group or subgroup appropriate to that reaction (i.e., those that had surviving siblings, were married, or had children).

Subjects Ages 8-12 at the Time of this Study

Table 1 shows the short-term and long-term cognitive and emotional reactions for subjects who were ages 8-12 at the time of the study. The major short-term reactions were: experiencing nightmares and satisfaction with involvement with funeral and funeral arrangements. Major long-term reactions included: difficulty trusting others, difficulty trusting in personal and family's safety, believing that they had to live their lives for their deceased sibling, frequent sadness, and preferred to visit sibling's grave with parents or surviving siblings. Other major findings included: 50% reported wishing they were dead and 60% reported experiencing guilt since their

Table 1

Cognitive and Emotional Reactions--Subjects Now Ages 8-12

COGNITIVE & EMOTIONAL REACTIONS (N=10)	<u>THEN</u>		<u>NOW</u>		<u>BOTH</u>	
	f	%	f	%	f	%
Experienced nightmares	4	40	1	10	1	10
Difficulty trusting others	1	10	3	30	2	20
Difficulty trusting in personal and family's safety	2	20	1	10	4	40
Believed they have to live their life for deceased sibling	0	0	1	10	6	60
Wished they were dead since sibling's death	2	20	1	10	2	20
Believed parents would not have missed them as much	0	0	0	0	0	0
Were often sad	2	20	1	10	7	70
Experienced guilt	3	30	1	10	2	20
Were involved with funeral arrangements	3	30	-	-	-	-
Were satisfied with involvement with funeral and arrangements	6	60	-	-	-	-
Have preferred to visit sibling's grave with parents or surviving siblings	0	0	1	10	9	90
Have preferred to visit sibling's grave with spouse or children	0	0	0	0	0	0
Have preferred to visit sibling's grave with aunt, uncle, or grandparent	0	0	0	0	0	0
Have preferred to visit sibling's grave with friends	0	0	0	0	0	0
Have preferred to visit sibling's grave alone	0	0	0	0	0	0

sibling's death.

Table 2 shows behavioral reactions for subjects who were ages 8-12 at the time of the study. The major short-term reactions and findings were: crying often, attended sibling's funeral, and visited sibling's grave more than two times per month. Major long-term reactions and findings included: crying often, trying to make their parents and surviving siblings happy, and parenting surviving siblings.

Table 3 shows the interpersonal relationship reactions for subjects that were ages 8-12 at the time of the study. No major short-term interpersonal relationship reactions were found. The major long-term reactions and findings were: subjects felt their parents were supportive and more protective, subjects felt their surviving siblings were supportive, could talk with parents about deceased sibling, could talk with parents about deceased sibling's death, has enjoyed spending time with parents, has enjoyed spending time with surviving siblings, friends understood their feelings about their deceased sibling and sibling's death, could talk freely with their friends about their deceased sibling and sibling's death, and has chosen supportive friends who have a positive influence on them.

Table 4 shows the cognitive and emotional reactions that were disclosed spontaneously by subjects who were ages 8-12 at the time of this study. Two subjects reported short-term reactions of feeling scared. Two subjects also reported long-term reactions of feeling angry, and two subjects reported that they were afraid they would die when they reached the age their deceased sibling was at the time of their death.

Table 5 shows the interpersonal relationship reactions that were disclosed spontaneously by subjects ages 8-12 at the time of the study. Although the majority of this group did not report any of the same reactions spontaneously, two subjects stated that they are now more protective of their surviving siblings.

Table 6 show the long-term cognitive reactions of subjects who were ages 8-12 at the time of the study through their responses to open-ended questions on the structured interview. The major long-term reactions that were reported by at least half

Table 2

Behavioral Reactions--Subjects Now Ages 8-12

BEHAVIORAL REACTIONS (N=10)	<u>THEN</u> f %	<u>NOW</u> f %	<u>BOTH</u> f %
Difficulty sleeping	2 20	0 0	0 0
Difficulty eating	1 10	2 20	0 0
Cried often	4 40	2 20	4 40
Grades declined in school	1 10	0 0	0 0
Began wetting the bed/continues to wet the bed now	2 20	0 0	1 10
Frequently in trouble with authority figures	0 0	0 0	1 10
Increased risk-taking behaviors	2 20	1 10	0 0
Subject had a misidentified or replacement child	0 0	- -	- -
Attended sibling's funeral	6 60	- -	- -
Visited sibling's grave more than two times per month	4 40	0 0	2 20
Tried to make parents happy	0 0	2 20	8 80
Tried to make surviving siblings happy (n=9)	0 0	3 33	5 56
Parented surviving siblings (n=9)	0 0	3 33	3 33
Attempted suicide since sibling's death	0 0	- -	- -
Problems with substance abuse since sibling's death	0 0	- -	- -
Increased criminal behaviors since sibling's death	0 0	- -	- -

of the subjects in this group included: attempted to keep the memory of their deceased siblings alive, missed their deceased siblings more at certain times of the year,

believed their siblings' deaths have had a negative impact on their lives, believed their siblings' deaths have not changed their lives, believed their siblings' deaths have given them a stronger desire to succeed, and indicated the first year was more difficult than the others.

Table 3

Interpersonal Relationship Reactions--Subjects Now Ages 8-12

INTERPERSONAL RELATIONSHIP REACTIONS (N=10)	THEN f %	NOW f %	BOTH f %
Subject felt parents were supportive	0 0	2 20	8 80
Subject felt surviving siblings were supportive (n=9)	0 0	1 11	5 56
Parents became more protective of subject	0 0	3 30	7 70
Could talk with parents about deceased sibling	1 10	2 20	4 40
Could talk with parents about deceased sibling's death	2 20	2 20	4 40
Could talk with surviving siblings about deceased sibling (n=9)	0 0	2 22	2 22
Could talk with surviving siblings about deceased sibling's death (n=9)	0 0	1 11	1 11
Has enjoyed spending time with parents	0 0	3 30	7 70
Has enjoyed spending time with surviving siblings (n=9)	0 0	1 11	6 67
Parents had replacement child	2 20	- -	- -
Surviving sibling(s) had replacement child	0 0	- -	- -
Has competed with deceased sibling for parents' attention, approval, & love	1 10	0 0	2 20
Believed parents compared them with deceased sibling	0 0	1 10	0 0
Friends understood their feelings about sibling & sibling's death	0 0	5 50	1 10
Could talk freely with friends about sibling & sibling's death	0 0	5 50	1 10
More difficulty with intimacy	0 0	0 0	0 0
More difficulty making and/or keeping friends	0 0	0 0	0 0
Subject has chosen supportive, positive friends	0 0	5 50	4 40
Subject has the same friends he/she had before sibling's death	1 10	1 10	1 10

Table 4

Cognitive and Emotional Reactions Spontaneously Disclosed--Subjects Now
Ages 8-12

COGNITIVE & EMOTIONAL REACTIONS SPONTANEOUSLY DISCLOSED (N=10)	<u>THEN</u> f %	<u>NOW</u> f %	<u>BOTH</u> f %
Afraid they would die when they reached age of deceased sibling	0 0	1 10	1 10
Experienced denial	1 10	0 0	0 0
Experienced difficulty concentrating	0 0	0 0	1 10
Felt angry	0 0	1 10	1 10
Felt scared	2 20	0 0	0 0

Table 5

Interpersonal Relationship Reactions Spontaneously Disclosed--Subjects Now
Ages 8-12

INTERPERSONAL RELATIONSHIP REACTIONS SPONTANEOUSLY DISCLOSED (N=10)	<u>THEN</u> f %	<u>NOW</u> f %	<u>BOTH</u> f %
Argues more with parents	0 0	0 0	1 10
Argues more with surviving siblings	0 0	1 10	0 0
Closer to parents because of fear something will happen to them	0 0	0 0	1 10
More protective of surviving sibling's	0 0	2 20	0 0

Table 6

Long-Term Cognitive Reactions From Open-Ended Questions--Subjects Now
Ages 8-12

COGNITIVE REACTIONS FROM OPEN-ENDED QUESTIONS (N=10)	<u>NOW</u>	
	f	%
Poor ego boundaries with deceased sibling	0	0
Subject was a misidentified or replacement child	1	10
Has missed deceased sibling more at certain times of the year	9	90
Has attempted to keep the memory of deceased sibling alive	10	100
Believed sibling's death has had a positive impact	0	0
Believed sibling's death has had a negative impact	5	50
Believed sibling's death has not changed subject's life	5	50
Believed sibling's death has resulted in a stronger desire to succeed	5	50
Has contemplated committing suicide since sibling's death	1	10
First year was more difficult than others	5	50
First and second years were more difficult than others	0	0
First five years were more difficult than others	0	0
Year subject reached age of deceased sibling was more difficult than others	2	20
This year has been the most difficult	0	0
All the years have been difficult	0	0
No year has been more difficult than the others	3	30

Table 7 shows the long-term emotional reactions for subjects who were ages 8-12 at the time of the study. These reactions were obtained from responses to open-ended questions on the structured interview and from the results of the RCDS. The major long-term emotional reaction reported by this group of subjects was: mild depression. However, a third of this group of 8-12-year-old subjects reported minimal depression. Also, a third of the subjects in this group reported a diminished willingness to be happy.

Table 8 shows the long-term interpersonal relationship reactions that were reported by subjects who were ages 8-12 at the time of the study. These reactions were obtained from responses to open-ended questions asked during the structured interview. The major long-term interpersonal relationship reactions and findings were: subjects have included deceased sibling when they report number of siblings, subjects have found someone they can talk to about their deceased siblings and their siblings' deaths, and subjects reported that their mothers have helped the most in dealing with their siblings' deaths.

Table 9 shows the effects of their sibling's death on spirituality for subjects who were ages 8-12 at the time of the study. No major short-term reactions were found. The major long-term reaction reported by this group was: no change in spirituality. Half of the subjects in this group reported that their sibling's death had not effected their spirituality. Almost half reported that their sibling's death has strengthened their belief and brought them closer to God.

Table 7

Long-Term Emotional Reactions From Open-Ended Questions and Instruments--
Subjects Now Ages 8-12

EMOTIONAL REACTIONS FROM OPEN-ENDED QUESTIONS & INSTRUMENTS (N=10)	NOW	
	f	%
Increased willingness to be happy	0	0
Diminished willingness to be happy	3	30
Minimal depression	3	30
Mild depression	7	70
Moderate depression	0	0
Severe depression	0	0

Subjects Ages 13-21 at the Time of This Study

Table 10 describes the cognitive and emotional reactions of subjects who were ages 13-21 at the time of this research. The major short-term reactions and findings were: that subjects experienced guilt and were satisfied with involvement with funeral and funeral arrangements. Major long-term reactions included: experienced nightmares, difficulty trusting others, difficulty trusting in personal and family's safety, believed they had to live their lives for deceased sibling, wished they were dead, frequent sadness, and preferred to visit sibling's grave alone. Two subjects reported that although initially they preferred to visit their sibling's graves with a family member, they have since preferred to visit their sibling's grave alone.

Table 11 shows the behavioral reactions for subjects who were ages 13-21

Table 8

Long-Term Interpersonal Relationship Reactions From Open-Ended Questions--
Subjects Now Ages 8-12

LONG-TERM INTERPERSONAL RELATIONSHIP REACTIONS FROM OPEN-ENDED QUESTIONS (N=10)	NOW	
	f	%
Subject has included deceased sibling when reporting number of siblings	9	90
Found someone he/she can talk to about sibling & sibling's death	8	80
Parents have helped the most in dealing with sibling's death	4	40
Mother has helped the most in dealing with sibling's death	5	50
Father has helped the most in dealing with sibling's death	0	0
Surviving sibling(s) has helped the most in dealing with sibling's death	1	10
Aunt, uncle, or grandparent has helped the most in dealing with sibling's death	0	0
Friends have helped the most in dealing with sibling's death	0	0
Spouse has helped the most in dealing with sibling's death	0	0
Professional or self-help group has helped the most in dealing with sibling's death	0	0
Subject has helped him/herself the most in dealing with sibling's death	0	0
Has been sexually abused or raped by someone they knew since sibling's death	0	0
Has been physically abused by a family member since sibling's death	0	0
Others were supportive	3	30
Family member talked about committing suicide since sibling's death	0	0
Family member has attempted to commit suicide since sibling's death	3	30
Family member has had problems with substance abuse since sibling's death	3	30
Family member has had increased criminal behaviors since sibling's death	0	0
Indicated marital problems since sibling's death	0	0
Subject has divorced since sibling's death	0	0

Table 9

Effects on Spirituality--Subjects Now Ages 8-12

EFFECTS ON SPIRITUALITY (N=10)	NOW	
	f	%
No change	5	50
Has kept asking God "Why"--no answer	1	10
Has strengthened belief	4	40
Initially angry with God	1	10
Wondered if God was "alive" because He could not save deceased sibling	1	10

at the time of this study. The major short-term reactions and findings were: difficulty eating and attended sibling's funeral. Major long-term reactions included: difficulty sleeping, cried often, tried to make parents happy, tried to make surviving siblings happy, and parented surviving siblings. In addition, three subjects reported that they have had problems with substance abuse and two subjects reported that they have had increased criminal behaviors (i.e., prosecuted for a misdemeanor or felony) since their sibling's death.

Table 12 shows the interpersonal relationship reactions for subjects who were ages 13-21 at the time of this study. The major short-term reaction was: parents became more protective of subject. Major long-term reactions and findings included: parents were supportive, surviving siblings were supportive, parents became more protective, could talk with parents about deceased sibling, could talk with surviving

Table 10

Cognitive and Emotional Reactions--Subjects Now Ages 13-21

COGNITIVE & EMOTIONAL REACTIONS (N=10)	THEN f %	NOW f %	BOTH f %
Experienced nightmares	1 10	2 20	4 40
Difficulty trusting others	0 0	0 0	6 60
Difficulty trusting in personal and family's safety	2 20	1 10	4 40
Believed they have to live their life for deceased sibling	0 0	1 10	4 40
Wished they were dead since sibling's death	1 10	0 0	5 50
Believed parents would not have missed them as much	0 0	1 10	2 20
Were often sad	3 30	1 10	6 60
Experienced guilt	4 40	0 0	4 40
Were involved with funeral arrangements	3 30	- -	- -
Were satisfied with involvement with funeral and arrangements	9 90	- -	- -
Have preferred to visit sibling's grave with parents or surviving siblings	1 10	0 0	3 30
Have preferred to visit sibling's grave with spouse or children	1 10	0 0	0 0
Have preferred to visit sibling's grave with aunt, uncle, or grandparents	0 0	0 0	1 10
Have preferred to visit sibling's grave with friends	0 0	0 0	0 0
Have preferred to visit sibling's grave alone	0 0	2 20	4 40

Table 11

Behavioral Reactions--Subjects Now Ages 13-21

BEHAVIORAL REACTIONS (N=10)	<u>THEN</u> f %	<u>NOW</u> f %	<u>BOTH</u> f %
Difficulty sleeping	0 0	1 10	5 50
Difficulty eating	4 40	1 10	2 20
Cried often	0 0	3 30	5 50
Grades declined in school	1 10	0 0	0 0
Began wetting the bed/continues to wet the bed now	0 0	0 0	0 0
Frequently in trouble with authority figures	0 0	0 0	1 10
Increased risk taking behaviors	2 20	0 0	1 10
Subject had a misidentified or replacement child (n=1)	1 100	- -	- -
Attended sibling's funeral	10 100	- -	- -
Visited sibling's grave more than two times per month	3 30	1 10	1 10
Tried to make parents happy	0 0	1 10	7 70
Tried to make surviving siblings happy (n=8)	0 0	0 0	7 88
Parented surviving siblings (n=8)	0 0	0 0	4 50
Attempted suicide since sibling's death	0 0	- -	- -
Problems with substance abuse since sibling's death	3 30	- -	- -
Increased criminal behaviors since sibling's death	2 20	- -	- -

Table 12

Interpersonal Relationship Reactions--Subjects Now Ages 13-21

INTERPERSONAL RELATIONSHIP REACTIONS (N=10)	<u>THEN</u> f %		<u>NOW</u> f %		<u>BOTH</u> f %	
Subject felt parents were supportive	1	10	1	10	7	70
Subject felt surviving siblings were supportive (n=8)	0	0	2	25	5	63
Parents became more protective of subject	4	40	0	0	6	60
Could talk with parents about deceased sibling	0	0	3	30	3	30
Could talk with parents about deceased sibling's death	0	0	1	10	3	30
Could talk with surviving siblings about deceased sibling (n=8)	1	13	2	25	3	38
Could talk with surviving siblings about deceased sibling's death (n=8)	1	13	1	13	3	38
Has enjoyed spending time with parents	0	0	2	20	5	50
Has enjoyed spending time with surviving siblings (n=8)	0	0	1	13	6	75
Parents had replacement child	3	30	-	-	-	-
Surviving sibling(s) had replacement child	0	0	-	-	-	-
Has competed with deceased sibling for parents' attention, approval, & love	1	10	0	0	1	10
Believed parents compared them with deceased sibling	0	0	0	0	4	40
Friends understood their feelings about sibling & sibling's death	0	0	3	30	2	20
Could talk freely with friends about sibling & sibling's death	0	0	5	50	4	40
More difficulty with intimacy	0	0	0	0	6	60
More difficulty making and/or keeping friends	3	30	1	10	1	10
Subject has chosen supportive, positive friends	0	0	1	10	6	60
Subject has the same friends he/she had before sibling's death	0	0	0	0	3	30

siblings about deceased sibling and sibling's death, enjoyed spending time with parents, enjoyed spending time with surviving siblings, friends understood their feelings about deceased sibling and sibling's death, could talk freely with friends about deceased sibling and sibling's death, experienced more difficulty with intimacy, and chose supportive friends who have a positive influence on them.

Table 13 shows the cognitive and emotional reactions that were disclosed spontaneously by subjects who were ages 13-21 at the time of this study. The major short-term reactions were: experienced denial and have seen or heard deceased sibling since sibling's death. Major long-term reactions included: missing their deceased sibling more at major life events and that they have seen or heard their deceased sibling since their sibling's death.

Table 14 shows the behavioral reactions that were disclosed spontaneously by subjects who were ages 13-21 at the time of this study. The major short-term reaction was that subjects isolated themselves from others. The major long-term reaction was that subjects wear their deceased siblings' clothes.

Table 15 shows the interpersonal relationship reactions that were disclosed spontaneously by subjects who were ages 13-21 at the time of this study. The major reaction reported by this group was that they argued more with their parents. This reaction was reported both as a short-term and long-term reaction.

Table 16 shows the long-term cognitive reactions that were reported by subjects who were ages 13-21 at the time of the study. These long-term cognitive reactions were obtained from responses to open-ended questions on the structured interview.

Table 13

Cognitive and Emotional Reactions Spontaneously Disclosed--Subjects Now
Ages 13-21

COGNITIVE & EMOTIONAL REACTIONS SPONTANEOUSLY DISCLOSED (N=10)	THEN f %	NOW f %	BOTH f %
Experienced denial	4 40	0 0	0 0
Felt angry	1 10	0 0	0 0
Felt angry at mother because she promised sibling would not die	1 10	0 0	0 0
Had difficulty creating a life that would not include deceased sibling	1 10	0 0	0 0
Has an inability to trust	0 0	1 10	0 0
Has seen or heard deceased sibling since sibling's death	2 20	1 10	1 10
Has missed deceased sibling more at major life events	0 0	0 0	2 20
Subjects believe deceased sibling is still with them all the time	0 0	0 0	1 10
Subject's personality changed from introvert to extrovert after sibling's death	0 0	0 0	1 10
Subjects tried not to let others know they were hurting	1 10	0 0	0 0
Subject was "the strong one for everyone else"	1 10	0 0	0 0
Subject worried about reaching age of deceased sibling	0 0	0 0	1 10

Table 14

Behavioral Reactions Spontaneously Disclosed--Subjects Now Ages 13-21

BEHAVIORAL REACTIONS SPONTANEOUSLY DISCLOSED (N=10)	<u>THEN</u>		<u>NOW</u>		<u>BOTH</u>	
	f	%	f	%	f	%
Experienced blackouts	1	10	0	0	0	0
Experienced nausea	1	10	0	0	0	0
Isolated him/herself from others	2	20	0	0	0	0
Subject cried only when alone	1	10	0	0	0	0
Subject received higher grades in school after sibling's death	0	0	0	0	1	10
Subject ran down the road screaming after being told of sibling's death	1	10	0	0	0	0
Subject talks with deceased sibling as if he/she is present	0	0	0	0	1	10
Subject was in ten automobile accidents during senior year in high school after sibling's death	1	10	0	0	0	0
Subject wears deceased sibling's clothes	0	0	0	0	2	20
Subject wore deceased sibling's clothes to the research interview	1	10	-	-	-	-

Table 15

Interpersonal Relationship Reactions Spontaneously Disclosed--Subjects Now
Ages 13-21

INTERPERSONAL RELATIONSHIP REACTIONS SPONTANEOUSLY DISCLOSED (N=10)	THEN		NOW		BOTH	
	f	%	f	%	f	%
Argues more with parents	1	10	1	10	2	20
Argues more with surviving siblings	0	0	0	0	1	10
Difficulty dating someone who did not know deceased sibling	0	0	0	0	1	10
Father never smiles any more	0	0	1	10	0	0
Has competed more with surviving siblings for parents' attention, approval, and love	0	0	0	0	1	10
"Mom thinks she's the only one having a hard time with this"	0	0	0	0	1	10
Parents have not allowed subject to spend the night with friends since sibling's death	0	0	0	0	1	10
Subject has felt rejected by father since sibling's death	0	0	0	0	1	10
Surviving siblings have been more protective of subject	0	0	0	0	1	10
Will not date anyone who will not talk with subject about deceased sibling	0	0	0	0	1	10

Table 16

Long-Term Cognitive Reactions From Open-Ended Questions--Subjects Now
Ages 13-21

COGNITIVE REACTIONS FROM OPEN-ENDED QUESTIONS (N=10)	NOW	
	f	%
Poor ego boundaries with deceased sibling	2	20
Subject was a misidentified or replacement child	1	10
Has missed deceased sibling more at certain times of the year	9	90
Has attempted to keep the memory of deceased sibling alive	10	100
Believed sibling's death has had a positive impact	5	50
Believed sibling's death has had a negative impact	4	40
Believed sibling's death has not changed subject's life	1	10
Believed sibling's death has resulted in a stronger desire to succeed	4	40
Has contemplated committing suicide since sibling's death	5	50
First year was more difficult than others	3	30
First and second years were more difficult than others	1	10
First five years were more difficult than others	0	0
Year subject reached age of deceased sibling was more difficult than others	2	20
This year has been the most difficult (second year)	1	10
All the years have been difficult	1	10
No year has been more difficult than the others	0	0

The major long-term reactions were: missing their deceased sibling more at certain times of the year, attempting to keep the memory of their deceased sibling alive, believing that their sibling's death had a positive impact on their lives, and contemplating committing suicide.

Table 17 shows the long-term emotional reactions for subjects who were ages 13-21 at the time of this study. These reactions were obtained from open-ended questions on the structured interview and from the MDI. The major long-term reactions were: minimal depression, cognitive difficulty, social introversion, and pessimism.

Table 18 shows the long-term interpersonal relationship reactions for subjects who were ages 13-21 at the time of this study. These reactions were obtained from responses on the structured interview. The major long-term reactions and findings were: including deceased sibling when reporting number of siblings, having found someone they can talk to about deceased sibling and sibling's death, and believing others were supportive. Also, the one subject who was married in this group indicated they have had marital problems since their sibling's death. Other major findings included that two subjects have been raped since their siblings' deaths, and one subject has been physically abused by a family member.

Table 19 shows the psychosocial development for subjects who were ages 13-21 at the time of this study. The major findings for this group, that were suggested by the results of the MPD, included: overall advanced psychosocial development, overall psychosocial developmental difficulties, advanced resolution of

Table 17

Long-Term Emotional Reactions From Open-Ended Questions and Instruments
--Subjects Now Ages 13-21

EMOTIONAL REACTIONS FROM OPEN-ENDED QUESTIONS & INSTRUMENTS (N=10)	<u>NOW</u>	
	f	%
Increased willingness to be happy	0	0
Diminished willingness to be happy	1	10
Minimal depression	6	60
Mild depression	1	10
Moderate depression	2	20
Severe depression	1	10
Low energy	3	30
Cognitive difficulty	4	40
Guilt	3	30
Low self-esteem	3	30
Social introversion	4	40
Pessimism	4	40
Irritability	2	20
Sad Mood	3	30
Instrumental helplessness	3	30
Learned helplessness	3	30

Table 18

Long-Term Interpersonal Relationship Reactions From Open-Ended Questions
--Subjects Now Ages 13-21

LONG-TERM INTIMATE RELATIONSHIP REACTIONS FROM OPEN-ENDED QUESTIONS (N=10)	NOW f %	
Subject has included deceased sibling when reporting number of siblings	7	70
Found someone he/she can talk to about sibling & sibling's death	8	80
Parents have helped the most in dealing with sibling's death	1	10
Mother has helped the most in dealing with sibling's death	2	20
Father has helped the most in dealing with sibling's death	0	0
Surviving sibling(s) has helped the most in dealing with sibling's death	0	0
Aunt, uncle, or grandparent has helped the most in dealing with sibling's death	2	20
Friends have helped the most in dealing with sibling's death	2	20
Spouse has helped the most in dealing with sibling's death	0	0
Subject's child has helped the most in dealing with sibling's death	0	0
Professional or self-help group has helped the most in dealing with sibling's death	1	10
Subject has helped him/herself the most in dealing with sibling's death	2	20
Has been sexually abused or raped by someone they knew since sibling's death	2	20
Has been physically abused by a family member since sibling's death	1	10
Others were supportive	6	60
Family member talked about committing suicide since sibling's death	2	20
Family member has attempted to commit suicide since sibling's death	1	10
Family member has had problems with substance abuse since sibling's death	4	40
Family member has had increased criminal behaviors since sibling's death	1	10
Indicated marital problems since sibling's death (n=1)	1	100
Subject has divorced since sibling's death	0	0

Table 19

Psychosocial Development--Subjects Now Ages 13-21

PSYCHOSOCIAL DEVELOPMENT (N=10)	NOW	
	f	%
Overall age-appropriate psychosocial development	2	20
Overall advanced psychosocial development	4	40
Overall psychosocial developmental difficulties	4	40
Advanced resolution of trust vs. mistrust	4	40
Advanced resolution of autonomy vs. shame and doubt	4	40
Advanced resolution of initiative vs. guilt	3	30
Advanced resolution of industry vs. inferiority	1	10
Advanced resolution of identity vs. identity confusion	3	30
Advanced resolution of intimacy vs. isolation	2	20
Advanced resolution of generativity vs. stagnation	2	20
Advanced resolution of ego integrity vs. despair	1	10
Regressed resolution of trust vs. mistrust	3	30
Regressed resolution of autonomy vs. shame and doubt	2	20
Regressed resolution of initiative vs. guilt	2	20
Regressed resolution of industry vs. inferiority	3	30
Regressed resolution of identity vs. identity confusion	1	10
Regressed resolution of intimacy vs. isolation	3	30
Regressed resolution of generativity vs. stagnation	3	30
Regressed resolution of ego integrity vs. despair	4	40

trust vs. mistrust, advanced resolution of autonomy vs. shame and doubt, and regressed resolution of ego integrity vs. despair.

Table 20 shows the effects of their sibling's death on spirituality for the subjects who were ages 13-21 at the time of the study. No major short-term reactions were found. The major long-term reaction reported by this group was that their sibling's death had a positive impact on their spirituality and had strengthened their belief in God.

Subjects Ages 22-35 at the Time of This Study

Table 21 shows the cognitive and emotional reactions for subjects who were ages 22-35 at the time of the study. The major short-term reactions and findings were: frequent sadness, experienced guilt, were involved with sibling's funeral arrangements, and were satisfied with their involvement with their sibling's funeral and arrangements. Major long-term reactions included: difficulty trusting others, difficulty trusting in personal and family's safety, and frequent sadness. In addition, half of this group reported the following as either short-term or long-term reactions: wishing they were dead, experiencing nightmares, and preferring to visit their sibling's grave alone. One subject from this group initially preferred to visit his sibling's grave alone, but has since preferred to visit his sibling's grave with his parents or surviving siblings.

Table 22 shows the behavioral reactions for subjects who were ages 22-35 at the time of this study. The major short-term reactions and findings were: cried often, grades declined in school, subject had a misidentified or replacement child, and subject attended sibling's funeral. Major long-term reactions and findings included:

Table 20

Effects on Spirituality--Subjects Now Ages 13-21

EFFECTS ON SPIRITUALITY (N=10)	NOW	
	f	%
No change	3	30
Has kept asking God "Why"--no answer	0	0
Has strengthened belief	4	40
Initially angry with God	1	10
Began attending church again	1	10
Initially asked God "Why"	1	10
Now believes God has a time for everyone to die	1	10
Does not believe there is a God because He would not have allowed sibling to die	1	10
Has had a negative impact on subject's spirituality	1	10

cried often, tried to make parents happy, and tried to make surviving siblings happy. In addition, at least half of the subjects in this group reported the following as either short-term or long-term reactions: difficulty sleeping and difficulty eating. Other major reactions reported by this group included: one subject had attempted suicide, three subjects had problems with substance abuse, and one subject had experienced an increase in criminal behaviors (e.g., had his driver's license revoked and had jail time pending) since their siblings' deaths.

Table 23 shows the interpersonal relationship reactions for subjects who were ages 22-35 at the time of this study. The major short-term reaction was that parents became more protective of subjects. Major long-term reactions and findings

Table 21

Cognitive and Emotional Reactions--Subjects Now Ages 22-35

COGNITIVE & EMOTIONAL REACTIONS (N=10)	THEN f %	NOW f %	BOTH f %
Experienced nightmares	1 10	2 20	2 20
Difficulty trusting others	0 0	1 10	4 40
Difficulty trusting in personal and family's safety	0 0	1 10	6 60
Believed they have to live their life for deceased sibling	1 10	0 0	3 30
Wished they were dead since sibling's death	1 10	0 0	4 40
Believed parents would not have missed them as much	1 10	0 0	1 10
Were often sad	4 40	1 10	4 40
Experienced guilt	4 40	0 0	3 30
Were involved with funeral arrangements	8 80	- -	- -
Were satisfied with involvement with funeral and arrangements	10 100	- -	- -
Have preferred to visit sibling's grave with parents or surviving siblings	0 0	2 20	2 20
Have preferred to visit sibling's grave with spouse or children	0 0	2 20	0 0
Have preferred to visit sibling's grave with aunt, uncle, or grandparents	0 0	0 0	0 0
Have preferred to visit sibling's grave with friends	0 0	0 0	0 0
Have preferred to visit sibling's grave alone	3 30	1 10	3 30

Table 22

Behavioral Reactions--Subjects Now Ages 22-35

BEHAVIORAL REACTIONS (N=10)	THEN		NOW		BOTH	
	f	%	f	%	f	%
Difficulty sleeping	3	30	0	0	3	30
Difficulty eating	3	30	0	0	2	20
Cried often	4	40	0	0	4	40
Grades declined in school	4	40	0	0	0	0
Began wetting the bed/continues to wet the bed now	0	0	0	0	0	0
Frequently in trouble with authority figures	0	0	0	0	0	0
Increased risk-taking behaviors	0	0	1	10	0	0
Subject had a misidentified or replacement child (n=4)	3	75	-	-	-	-
Attended sibling's funeral	10	100	-	-	-	-
Visited sibling's grave more than two times per month	3	30	1	10	0	0
Tried to make parents happy	2	20	0	0	7	70
Tried to make surviving siblings happy (n=9)	1	11	0	0	6	67
Parented surviving siblings ^a (n=9)	0	0	1	11	3	33
Attempted suicide since sibling's death	1	10	-	-	-	-
Problems with substance abuse since sibling's death	3	30	-	-	-	-
Increased criminal behaviors since sibling's death	1	10	-	-	-	-

Table 23

Interpersonal Relationship Reactions--Subjects Now Ages 22-35

INTERPERSONAL RELATIONSHIP REACTIONS (N=10)	THEN f %		NOW f %		BOTH f %	
Subject felt parents were supportive	0	0	0	0	8	80
Subject felt surviving siblings were supportive (n=9)	0	0	1	11	6	67
Parents became more protective of subject	5	50	1	10	2	20
Could talk with parents about deceased sibling	0	0	2	20	7	70
Could talk with parents about deceased sibling's death	0	0	1	10	5	50
Could talk with surviving siblings about deceased sibling (n=9)	1	11	3	33	1	11
Could talk with surviving siblings about deceased sibling's death (n=9)	1	11	1	11	2	22
Has enjoyed spending time with parents	0	0	2	20	7	70
Has enjoyed spending time with surviving siblings (n=9)	0	0	2	22	6	67
Parents had replacement child	1	10	-	-	-	-
Surviving sibling(s) had replacement child (n=9)	2	22	-	-	-	-
Has competed with deceased sibling for parents' attention, approval, & love	2	20	1	10	2	20
Believed parents compared them with deceased sibling	0	0	0	0	0	0
Friends understood their feelings about sibling & sibling's death	0	0	1	10	6	60
Could talk freely with friends about sibling & sibling's death	0	0	3	30	4	40
More difficulty with intimacy	0	0	0	0	4	40
More difficulty making and/or keeping friends	1	10	0	0	3	30
Subject has chosen supportive, positive friends	0	0	0	0	8	80
Subject has the same friends he/she had before sibling's death	0	0	0	0	6	60

included: subjects felt parents were supportive, subjects felt surviving siblings were supportive, subjects could talk with parents about their deceased siblings, subjects could talk with their parents about their sibling's death, subjects enjoyed spending time with their parents, subjects enjoyed spending time with their surviving siblings, friends understood their feelings about their deceased sibling and sibling's death, could talk freely with friends about deceased sibling and sibling's death, subjects chose supportive friends who have a positive influence on them, and subject had the same friends he/she had before sibling's death. In addition, half of the subjects in this group indicated the following as either a short-term or long-term reaction: have competed with their deceased sibling for their parents' attention, approval, and love.

Table 24 shows the cognitive reactions that were disclosed spontaneously by subjects who were ages 22-35 at the time of this study. The major reaction reported spontaneously by this group was: subject kept asking "Why." This reaction was reported as both a short-term and long-term reaction.

Table 25 shows the emotional reactions that were disclosed spontaneously by subjects who were ages 22-35 at the time of this study. No major reactions were reported by this group as short-term only. One major long-term reaction was that the subjects attempted to hold their feelings inside. The following major reactions were reported spontaneously by this group as either short-term or long-term reactions: denial, anger, numbness, and subjects have felt their deceased sibling's presence since their sibling's death.

Table 26 shows the behavioral reactions that were disclosed spontaneously by

Table 24

Cognitive Reactions Spontaneously Disclosed--Subjects Now Ages 22-35

COGNITIVE REACTIONS SPONTANEOUSLY DISCLOSED (N=10)	THEN		NOW		BOTH	
	f	%	f	%	f	%
Became more conservative after sibling's death	0	0	0	0	1	10
Believed deceased sibling is with subject at all times	0	0	0	0	1	10
Does not want to have children since sibling's death	0	0	1	10	0	0
"Everything seems temporary"	0	0	0	0	1	10
Felt "everything fell on my shoulders" after sibling's death	1	10	0	0	0	0
Has felt deceased sibling had foreknowledge of their death	1	10	0	0	0	0
Has seen or heard their deceased sibling since sibling's death	0	0	1	10	0	0
Has stronger need to be in control since sibling's death	0	0	0	0	1	10
Has thought about what deceased sibling has missed	0	0	0	0	1	10
If subject has children will not just have two	0	0	0	0	1	10
Kept asking "Why"	3	30	0	0	1	10
"Life goes on around us and no one else knows what just happened"	1	10	0	0	0	0
Looked intently at deceased sibling in casket to be certain it was them	1	10	0	0	0	0
"Now I'm the oldest"	1	10	0	0	0	0
Thought they saw deceased sibling in cars or crowds after sibling's death	1	10	0	0	0	0

Table 25

Emotional Reactions Spontaneously Disclosed--Subjects Now Ages 22-35

EMOTIONAL REACTIONS SPONTANEOUSLY DISCLOSED (N=10)	<u>THEN</u> f %	<u>NOW</u> f %	<u>BOTH</u> f %
Afraid something bad will happen to their child	0 0	0 0	1 10
Experienced denial	3 30	0 0	2 20
"Fell apart" at funeral when deceased siblings were buried	1 10	0 0	0 0
Felt angry	2 20	0 0	1 10
Felt bitter and cynical	1 10	0 0	0 0
Felt relieved after making decision to take sibling off life support	1 10	0 0	0 0
Felt they "had to be strong for everyone else"	0 0	0 0	1 10
Felt they had to get over sibling's death quickly	1 10	0 0	0 0
Have attempted to hold feelings inside	0 0	0 0	2 20
Have been more irritable since sibling's death	0 0	1 10	0 0
Has felt deceased sibling's presence since sibling's death	1 10	1 10	1 10
Has felt less patient since sibling's death	0 0	1 10	0 0
Has felt "like I'm all alone" since sibling's death	0 0	0 0	1 10
Has felt numb since sibling's death	1 10	0 0	1 10
Has felt they should not cry since sibling's death	0 0	1 10	0 0
Has wished they would get in an accident and have intentionally sped	0 0	0 0	1 10
Have missed deceased sibling more at major life events	0 0	0 0	1 10
Relieved after burial	1 10	0 0	0 0
Was hospitalized for severe depression since sibling's death	0 0	0 0	1 10
Worried more about parents than self	1 10	0 0	0 0

Table 26

Behavioral Reactions Spontaneously Disclosed--Subjects Now Ages 22-35

BEHAVIORAL REACTIONS SPONTANEOUSLY DISCLOSED (N=10)	<u>THEN</u> f %	<u>NOW</u> f %	<u>BOTH</u> f %
Subject broke the phone after being told of sibling's death	1 10	0 0	0 0
Subject cried at work in back restroom stall	0 0	0 0	1 10
Subject grinds teeth while sleeping & must wear mouth brace since sibling's death	0 0	0 0	1 10
Subject moved back in with parents	1 10	0 0	0 0
Subject "ran down the road screaming" after being told of sibling's death	1 10	0 0	0 0
Subject "screamed uncontrollably" after being told of sibling's death	1 10	0 0	0 0
Subject immediately attempted to and became pregnant with replacement child days after sibling's death	1 10	0 0	0 0
Subject wears deceased sibling's clothes	0 0	0 0	3 30
Subject wore deceased sibling's clothes to the research interview	1 10	- -	- -

subjects who were ages 22-35 at the time of this study. No major short-term reactions were found. The major long-term reaction disclosed spontaneously by subjects in this group was that subjects wear their deceased siblings' clothes.

Table 27 shows the interpersonal reactions that were disclosed spontaneously by subjects who were ages 22-35 at the time of the interview. No major short-term reactions were found. The major long-term reaction that was disclosed spontaneously by subjects in this group was that subjects have "grown apart" from their surviving siblings.

Table 28 shows the long-term cognitive reactions for subjects who were ages

Table 27

Interpersonal Relationship Reactions Spontaneously Disclosed--Subjects Now
Ages 22-35

INTERPERSONAL RELATIONSHIP REACTIONS SPONTANEOUSLY DISCLOSED (N=10)	<u>THEN</u>		<u>NOW</u>		<u>BOTH</u>	
	f	%	f	%	f	%
Family has not talked together about sibling & sibling's death	0	0	0	0	1	10
Father has never talked about deceased sibling since sibling's death	0	0	0	0	1	10
Have argued more with mother	0	0	0	0	1	10
Have "grown apart" from surviving sibling's	0	0	0	0	2	20
Mother wants subject to have more children to "make up" for those deceased sibling was unable to have	0	0	1	10	0	0
Subject has become friends with deceased sibling's friends	0	0	0	0	1	10
Subject has been more appreciative of parents since sibling's death	0	0	0	0	1	10
Subject has been more protective of surviving sibling's	0	0	0	0	1	10
Subject has thought surviving sibling has wished it had been the subject who had died instead of deceased sibling	0	0	0	0	1	10
Subject made long distance calls to mother every day	1	10	0	0	0	0
Subject was told first of sibling's death and had to tell remaining family members	1	10	0	0	0	0
"We all went our separate ways at first"	1	10	0	0	0	0

Table 28

Long-Term Cognitive Reactions From Open-Ended Questions--Subjects Now Ages 22-35

COGNITIVE REACTIONS FROM OPEN-ENDED QUESTIONS (N=10)	<u>NOW</u>	
	f	%
Poor ego boundaries with deceased sibling	2	20
Subject was a misidentified or replacement child	0	0
Has missed deceased sibling more at certain times of the year	10	100
Has attempted to keep the memory of deceased sibling alive	10	100
Believed sibling's death has had a positive impact	4	40
Believed sibling's death has had a negative impact	6	60
Believed sibling's death has not changed subject's life	0	0
Believed sibling's death has resulted in a stronger desire to succeed	3	30
Has contemplated committing suicide since sibling's death	3	30
First year was more difficult than others	6	60
First and second years were more difficult than others	1	10
First five years were more difficult than others	1	10
Year subject reached age of deceased sibling was more difficult than others	2	20
This year has been the most difficult	2	20
All the years have been difficult	0	0
No year has been more difficult than the others	0	0

22-35 at the time of this study. These reactions were obtained from responses to the open-ended questions on the structured interview. The major long-term reactions and findings included: missing their deceased siblings more at certain times of the year, attempting to keep the memory of their deceased sibling alive, belief that their sibling's death had a negative impact on their lives, and that the first year was more difficult than others. In addition, a third of this group reported that they have contemplated committing suicide since their sibling's death.

Table 29 shows the long-term emotional reactions for subjects who were ages 22-35 at the time of this study. These reactions were obtained from responses to open-ended questions on the structured interview and the results from the MDI. The major long-term emotional reaction was: minimal depression.

Table 30 shows the long-term interpersonal relationship reactions for subjects who were ages 22-35 at the time of this study. These reactions were obtained from responses to open-ended questions on the structured interview. The major long-term reactions and findings were: including deceased sibling when reporting number of siblings, subjects have found someone they can talk to about their deceased sibling and sibling's death, family member has had problems with substance abuse since sibling's death, and subjects have had marital problems since sibling's death.

Table 31 shows the psychosocial development of the subjects who were ages 22-35 at the time of this study. The major findings for this group, that were suggested by the results of the MPD, included: overall age-appropriate psychosocial development and regressed resolution of ego integrity vs. despair.

Table 29

Long-Term Emotional Reactions From Open-Ended Questions and Instruments
--Subjects Now Ages 22-35

EMOTIONAL REACTIONS FROM OPEN-ENDED QUESTIONS & INSTRUMENTS (N=10)	NOW	
	f	%
Increased willingness to be happy	2	20
Diminished willingness to be happy	1	10
Minimal depression	6	60
Mild depression	3	30
Moderate depression	1	10
Severe depression	0	0
Low energy level	2	20
Cognitive difficulty	2	20
Guilt	2	20
Low self-esteem	1	10
Social introversion	2	20
Pessimism	2	20
Irritability	1	10
Sad mood	1	10
Instrumental helplessness	3	30
Learned helplessness	1	10

Table 30

Long-Term Interpersonal Relationship Reactions From Open-Ended Questions
--Subjects Now Ages 22-35

LONG-TERM INTERPERSONAL RELATIONSHIP REACTIONS FROM OPEN-ENDED QUESTIONS (N=10)	NOW	
	f	%
Subject has included deceased sibling when reporting number of siblings	9	90
Found someone he/she can talk to about sibling & sibling's death	7	70
Parents have helped the most in dealing with sibling's death	1	10
Mother has helped the most in dealing with sibling's death	0	0
Father has helped the most in dealing with sibling's death	0	0
Surviving sibling(s) has helped the most in dealing with sibling's death	0	0
Aunt, uncle, or grandparent has helped the most in dealing with sibling's death	1	10
Friends have helped the most in dealing with sibling's death	2	20
Spouse has helped the most in dealing with sibling's death	1	10
Subject's child has helped the most in dealing with sibling's death	1	10
Professional or self-help group has helped the most in dealing with sibling's death	2	20
Subject has helped him/herself the most in dealing with sibling's death	2	20
Has been sexually abused or raped by someone they knew since sibling's death	0	0
Has been physically abused by a family member since sibling's death	0	0
Others were supportive	4	40
Family member talked about committing suicide since sibling's death	3	30
Family member has attempted to commit suicide since sibling's death	0	0
Family member has had problems with substance abuse since sibling's death	5	50
Family member has had increased criminal behaviors since sibling's death	0	0
Indicated marital problems since sibling's death (n=6)	5	83
Subject has divorced since sibling's death (n=6)	1	14

Table 31

Psychosocial Development--Subjects Now Ages 22-35

PSYCHOSOCIAL DEVELOPMENT (N=10)	NOW	
	f	%
Overall age-appropriate psychosocial development	7	70
Overall advanced psychosocial development	1	10
Overall psychosocial developmental difficulties	2	20
Advanced resolution of trust vs. mistrust	1	10
Advanced resolution of autonomy vs. shame and doubt	3	30
Advanced resolution of initiative vs. guilt	0	0
Advanced resolution of industry vs. inferiority	3	30
Advanced resolution of identity vs. identity confusion	3	30
Advanced resolution of intimacy vs. isolation	1	10
Advanced resolution of generativity vs. stagnation	1	10
Advanced resolution of ego integrity vs. despair	2	20
Regressed resolution of trust vs. mistrust	3	30
Regressed resolution of autonomy vs. shame and doubt	2	20
Regressed resolution of initiative vs. guilt	2	20
Regressed resolution of industry vs. inferiority	1	10
Regressed resolution of identity vs. identity confusion	2	20
Regressed resolution of intimacy vs. isolation	3	30
Regressed resolution of generativity vs. stagnation	3	30
Regressed resolution of ego integrity vs. despair	5	50

Table 32 shows the effects on spirituality for subjects who were ages 22-35 years at the time of this study. No major short-term reactions were found. The major long-term reaction reported by subjects in this group was: a negative impact on the subjects' spirituality.

Table 32

Effects on Spirituality--Subjects Now Ages 22-35

EFFECTS ON SPIRITUALITY (N=10)	NOW	
	f	%
No change	2	20
Has kept asking God "Why"--no answer	2	20
Has strengthened belief	3	30
Initially angry with God	1	10
Has had a negative impact on spirituality	4	40

Subject Age Birth-2 at the Time of His Sibling's Death

Table 33 shows the cognitive and emotional reactions for the subject who was less than 2 years old at the time of his sibling's death. This subject reported that he experienced nightmares and had difficulty trusting in his own and his family's personal safety. He also stated that he was frequently sad and had experienced guilt since his sibling's death. He indicated that he preferred to visit his sibling's grave with his family.

Table 34 shows the behavioral reactions for the subject who was less than 2 years old at the time of his sibling's death. This subject indicated that he has had difficulty eating and has cried often. The subject reported that he has continued to "wet the bed" since his sibling's death. He stated that he has experienced an increase in risk-taking behaviors which he attributed to his sibling's death. He also indicated that he has tried to make his parents and surviving siblings happy.

Table 35 shows the interpersonal relationship reactions for the subject who was less than 2 years old at the time of his sibling's death. He indicated that his parents had been both supportive and more protective of him. This subject reported that he has been able to talk with his parents about his deceased sibling and his sibling's death. He also reported that he has enjoyed spending time with his parents. He stated that he has been able to talk with his surviving siblings only about their sibling's death and not about their deceased sibling. He indicated that he has believed that his parents

Table 33

Cognitive and Emotional Reactions--Subject Then Age Birth-2

COGNITIVE & EMOTIONAL REACTIONS (N=1)	THEN f %	NOW f %	BOTH f %
Experienced nightmares	0 0	1 100	0 0
Difficulty trusting others	0 0	0 0	0 0
Difficulty trusting in personal and family's safety	0 0	1 100	0 0
Believed they have to live their life for deceased sibling	0 0	0 0	0 0
Wished they were dead since sibling's death	0 0	0 0	0 0
Believed parents would not have missed them as much	0 0	0 0	0 0
Was often sad	0 0	1 100	0 0
Experienced guilt	0 0	1 100	0 0
Was involved with funeral arrangements	0 0	- -	- -
Was satisfied with involvement with funeral and arrangements	0 0	- -	- -
Has preferred to visit sibling's grave with parents or surviving siblings	0 0	0 0	1 100
Has preferred to visit sibling's grave with spouse or children	0 0	0 0	0 0
Has preferred to visit sibling's grave with aunt, uncle, or grandparents	0 0	0 0	0 0
Has preferred to visit sibling's grave with friends	0 0	0 0	0 0
Has preferred to visit sibling's grave alone	0 0	0 0	0 0

Table 34

Behavioral Reactions--Subject Then Age Birth-2

BEHAVIORAL REACTIONS (N=1)	THEN f %	NOW f %	BOTH f %
Difficulty sleeping	0 0	0 0	0 0
Difficulty eating	0 0	1 100	0 0
Cried often	0 0	1 100	0 0
Grades declined in school	0 0	0 0	0 0
Began wetting the bed/continues to wet the bed now	0 0	0 0	1 100
Frequently in trouble with authority figures	0 0	0 0	0 0
Increased risk-taking behaviors	0 0	1 100	0 0
Subject had a misidentified or replacement child	0 0	- -	- -
Attended sibling's funeral	0 0	- -	- -
Visited sibling's grave more than two times per month	0 0	0 0	0 0
Tried to make parents happy	0 0	1 100	0 0
Tried to make surviving siblings happy	0 0	1 100	0 0
Parented surviving siblings	0 0	0 0	0 0
Attempted suicide since sibling's death	0 0	- -	- -
Problems with substance abuse since sibling's death	0 0	- -	- -
Increased criminal behaviors since sibling's death	0 0	- -	- -

Table 35

Interpersonal Relationship Reactions--Subject Then Age Birth-2

INTERPERSONAL RELATIONSHIP REACTIONS (N=1)	THEN f %	NOW f %	BOTH f %
Subjects felt parents were supportive	0 0	1 100	0 0
Subjects felt surviving siblings were supportive	0 0	0 0	0 0
Parents became more protective of subject	0 0	1 100	0 0
Could talk with parents about deceased sibling	0 0	1 100	0 0
Could talk with parents about deceased sibling's death	0 0	1 100	0 0
Could talk with surviving siblings about deceased sibling	0 0	0 0	0 0
Could talk with surviving siblings about deceased sibling's death	0 0	1 100	0 0
Has enjoyed spending time with parents	0 0	1 100	0 0
Has enjoyed spending time with surviving siblings	0 0	0 0	0 0
Parents had replacement child	0 0	- -	- -
Surviving sibling(s) had replacement child	0 0	- -	- -
Has competed with deceased sibling for parents' attention, approval, & love	0 0	0 0	0 0
Believed parents compared them with deceased sibling	0 0	1 100	0 0
Friends understood their feelings about sibling & sibling's death	0 0	1 100	0 0
Could talk freely with friends about sibling & sibling's death	0 0	0 0	0 0
More difficulty with intimacy	0 0	0 0	0 0
More difficulty making and/or keeping friends	0 0	0 0	0 0
Subject has chosen supportive, positive friends	0 0	1 100	0 0
Subject has the same friends he/she had before sibling's death	0 0	0 0	0 0

have compared him to his deceased sibling. The subject stated that his friends have understood his feelings about his deceased sibling and his sibling's death. He indicated that he chooses supportive friends who have a positive influence on him.

Table 36 shows the cognitive and emotional reactions that were disclosed spontaneously by the subject who was less than 2 years old at the time of his sibling's death. This subject indicated that he felt angry because his sibling died. He also indicated that he has been afraid that he will die when he reaches the age his deceased sibling was at the time of his death.

Table 36

Cognitive and Emotional Reactions Spontaneously Disclosed--Subject Then
Age Birth-2

COGNITIVE & EMOTIONAL REACTIONS SPONTANEOUSLY DISCLOSED (N=1)	THEN f %	NOW f %	BOTH f %
Felt angry because sibling died	0 0	1 100	0 0
Worried he will die when he reaches the age his sibling was at the time of his death	0 0	1 100	0 0

Table 37 shows the long-term cognitive reactions for the subject who was less than 2 years old at the time of his sibling's death. These reactions were obtained from open-ended questions on the structured interview. This subject indicated that he has missed his deceased sibling more at certain times of the year. He also indicated that he has attempted to keep the memory of his deceased sibling alive.

Table 37

Long-Term Cognitive Reactions From Open-Ended Questions--Subject Then Age Birth-2

COGNITIVE REACTIONS FROM OPEN-ENDED QUESTIONS (N=1)	NOW	
	f	%
Poor ego boundaries with deceased sibling	0	0
Subject was a misidentified or replacement child	0	0
Has missed deceased sibling more at certain times of the year	1	100
Has attempted to keep the memory of deceased sibling alive	1	100
Believed sibling's death has had a positive impact	0	0
Believed sibling's death has had a negative impact	1	100
Believed sibling's death has not changed subject's life	0	0
Believed sibling's death has resulted in a stronger desire to succeed	1	100
Has contemplated committing suicide since sibling's death	0	0
First year was more difficult than others	0	0
First and second years were more difficult than others	0	0
First five years were more difficult than others	0	0
Year subject reached age of deceased sibling was more difficult than others	0	0
This year has been the most difficult	0	0
All the years have been difficult	0	0
No year has been more difficult than the others	1	100

This subject reported that his sibling's death has had a negative impact on his life. He reported, however, that his sibling's death has resulted in a stronger desire to succeed. This subject stated that no year has been more difficult than the others.

Table 38 shows the long-term emotional reactions for the subject who was less than 2 years old at the time of his sibling's death. These reactions were obtained from open-ended questions on the structured interview and from results of the RCSD. This subject appeared to have been experiencing mild depression.

Table 39 shows the long-term interpersonal reactions for the subject who was less than 2 years old at the time of his sibling's death. These reactions were obtained from open-ended questions on the structured interview. This subject stated that he has included his deceased sibling when reporting to others the number of siblings he has. He indicated that he has found someone he can talk to about his deceased sibling and his death. He indicated that his mother has helped the most in dealing with his sibling's death. This subject stated that a family member has attempted to commit suicide since his sibling's death. He also reported that a family member has had problems with substance abuse since his sibling's death.

Table 40 shows the effects on spirituality for the subject who was less than 2 years of age at the time of his sibling's death. This subject indicated that his sibling's death had not had any impact on his spirituality. However, this subject reported that he "used to wonder if God was alive" because He could not save his deceased sibling.

Table 38

Long-Term Emotional Reactions From Open-Ended Questions and Instruments
--Subject Then Age Birth-2

EMOTIONAL REACTIONS FROM OPEN-ENDED QUESTIONS & INSTRUMENTS (N=1)	NOW	
	f	%
Increased willingness to be happy	0	0
Diminished willingness to be happy	0	0
Minimal depression	0	0
Mild depression	1	100
Moderate depression	0	0
Severe depression	0	0

Table 39

Long-Term Interpersonal Relationship Reactions From Open-Ended Questions
--Subject Then Age Birth-2

LONG-TERM INTERPERSONAL RELATIONSHIP REACTIONS FROM OPEN-ENDED QUESTIONS (N=1)	f	<u>NOW</u> %
Subject has included deceased sibling when reporting number of siblings	1	100
Found someone they can talk to about sibling & sibling's death	1	100
Parents have helped the most in dealing with sibling's death	0	0
Mother has helped the most in dealing with sibling's death	1	100
Father has helped the most in dealing with sibling's death	0	0
Surviving sibling(s) has helped the most in dealing with sibling's death	0	0
Aunt, uncle, or grandparent has helped the most in dealing with sibling's death	0	0
Friends have helped the most in dealing with sibling's death	0	0
Spouse has helped the most in dealing with sibling's death	0	0
Professional or self-help group has helped the most in dealing with sibling's death	0	0
Subject has helped him/herself the most in dealing with sibling's death	0	0
Has been sexually abused or raped by someone they knew since sibling's death	0	0
Has been physically abused by a family member since sibling's death	0	0
Others were supportive	0	0
Family member talked about committing suicide since sibling's death	0	0
Family member has attempted to commit suicide since sibling's death	1	100
Family member has had problems with substance abuse since sibling's death	1	100
Family member has had increased criminal behaviors since sibling's death	0	0
Indicated marital problems since sibling's death	0	0
Subject has divorced since sibling's death	0	0

Table 40

Effects on Spirituality--Subject Then Age Birth-2

EFFECTS ON SPIRITUALITY (N=1)	NOW	
	f	%
No change	1	100
Has kept asking God "Why"--no answer	0	0
Has strengthened belief	0	0
Initially angry with God	0	0
Used to wonder if God "was alive" because he could not save deceased sibling	1	100

Subjects Ages 2-6 at the Time of Their Sibling's Death

Table 41 shows the cognitive and emotional reactions for subjects who were ages 2-6 at the time of their sibling's death. No major short-term reactions were found. The major long-term reactions were: difficulty trusting others, believed that they had to live their lives for their deceased siblings, frequent sadness, and that they have preferred to visit their sibling's graves with their parents or surviving siblings. Other major reactions that were reported by subjects in this group as either short-term or long-term reactions were: nightmares and difficulty trusting in their own and their family's personal safety.

Table 41

Cognitive and Emotional Reactions--Subjects Then Ages 2-6

COGNITIVE & EMOTIONAL REACTIONS (N=8)	<u>THEN</u> f %		<u>NOW</u> f %		<u>BOTH</u> f %	
Experienced nightmares	3	38	1	12	2	25
Difficulty trusting others	1	12	3	38	2	25
Difficulty trusting in personal and family's safety	3	38	1	12	2	25
Believed they have to live their life for deceased sibling	0	0	0	0	4	50
Wished they were dead since sibling's death	1	12	0	0	2	25
Believed parents would not have missed them as much	0	0	0	0	1	12
Were often sad	2	25	0	0	6	75
Experienced guilt	2	25	0	0	2	25
Were involved with funeral arrangements	1	12	-	-	-	-
Were satisfied with involvement with funeral and arrangements	3	38	-	-	-	-
Have preferred to visit sibling's grave with parents or surviving siblings	0	0	0	0	8	100
Have preferred to visit sibling's grave with spouse or children	0	0	0	0	0	0
Have preferred to visit sibling's grave with aunt, uncle, or grandparents	0	0	0	0	0	0
Have preferred to visit sibling's grave with friends	0	0	0	0	0	0
Have preferred to visit sibling's grave alone	0	0	0	0	0	0

Table 42 shows the behavioral reactions for subjects who were ages 2-6 at the time of their sibling's death. The major short-term finding was that subjects from this group attended their sibling's funeral. Major long-term reactions and findings included: crying often, trying to make their parents happy, trying to make their surviving sibling's happy, and parenting surviving siblings.

Table 43 shows the interpersonal relationship reactions for subjects who were ages 2-6 at the time of their sibling's death. No major short-term reactions were found. Major long-term reactions and findings included: subjects felt parents were supportive, subjects felt surviving siblings were supportive, parents became more protective of subject, could talk with surviving siblings about deceased sibling, enjoyed spending time with parents, enjoyed spending time with surviving siblings, friends understood their feelings about deceased sibling and sibling's death, could talk freely with friends about deceased sibling and sibling's death, experienced more difficulty with intimacy, and have chosen supportive friends who have a positive influence on them.

Table 44 shows the cognitive and emotional reactions that were disclosed spontaneously by subjects who were ages 2-6 at the time of their sibling's death. The major short-term reaction was that the subjects felt scared. No major long-term reactions were disclosed spontaneously by subjects in this group.

Table 45 shows the interpersonal relationship reactions that were disclosed

Table 42

Behavioral Reactions--Subjects Then Ages 2-6

BEHAVIORAL REACTIONS (N=8)	THEN f %	NOW f %	BOTH f %
Difficulty sleeping	0 0	0 0	0 0
Difficulty eating	0 0	1 12	0 0
Cried often	2 25	2 25	3 38
Grades declined in school	0 0	0 0	0 0
Began wetting the bed/continues to wet the bed now	2 25	0 0	0 0
Frequently in trouble with authority figures	0 0	0 0	1 12
Increased risk-taking behaviors	2 25	0 0	0 0
Subject had a misidentified or replacement child	0 0	- -	- -
Attended sibling's funeral	5 63	- -	- -
Visited sibling's grave more than two times per month	2 25	0 0	1 12
Tried to make parents happy	0 0	1 12	7 88
Tried to make surviving siblings happy	0 0	2 25	5 63
Parented surviving siblings	0 0	2 25	3 38
Attempted suicide since sibling's death	0 0	- -	- -
Problems with substance abuse since sibling's death	0 0	- -	- -
Increased criminal behaviors since sibling's death	0 0	- -	- -

Table 43

Interpersonal Relationship Reactions--Subjects Then Ages 2-6

INTERPERSONAL RELATIONSHIP REACTIONS (N=8)	THEN f %	NOW f %	BOTH f %
Subject felt parents were supportive	0 0	0 0	7 88
Subject felt surviving siblings were supportive	0 0	1 12	5 63
Parents became more protective of subject	0 0	0 0	7 88
Could talk with parents about deceased sibling	0 0	1 12	2 25
Could talk with parents about deceased sibling's death	1 12	1 12	2 25
Could talk with surviving siblings about deceased sibling	1 12	3 38	1 12
Could talk with surviving siblings about deceased sibling's death	1 12	0 0	1 12
Has enjoyed spending time with parents	0 0	1 12	5 63
Has enjoyed spending time with surviving siblings	0 0	1 12	6 75
Parents had replacement child	3 38	- -	- -
Surviving sibling(s) had replacement child	0 0	- -	- -
Has competed with deceased sibling for parents' attention, approval, and love	1 12	0 0	2 25
Believed parents compared them with deceased sibling	0 0	0 0	0 0
Friends understood their feelings about sibling & sibling's death	0 0	5 63	1 12
Could talk freely with friends about sibling & sibling's death	0 0	4 50	0 0
More difficulty with intimacy (n=2)	0 0	0 0	1 50
More difficulty making and/or keeping friends	0 0	0 0	0 0
Subject has chosen supportive, positive friends	0 0	4 50	4 50
Subject has the same friends he/she had before sibling's death	1 12	0 0	1 12

Table 44

Cognitive and Emotional Reactions Spontaneously Disclosed--Subjects Then
Ages 2-6

COGNITIVE & EMOTIONAL REACTIONS SPONTANEOUSLY DISCLOSED (N=8)	<u>THEN</u> f %	<u>NOW</u> f %	<u>BOTH</u> f %
Afraid they would die when they reached age of deceased sibling	0 0	0 0	1 12
Felt scared	2 25	0 0	0 0

Table 45

Interpersonal Relationship Reactions Spontaneously Disclosed--Subjects Then Ages 2-6

INTERPERSONAL RELATIONSHIP REACTIONS SPONTANEOUSLY DISCLOSED (N=8)	<u>THEN</u> f %	<u>NOW</u> f %	<u>BOTH</u> f %
Argued more with surviving siblings	0 0	1 12	1 12
Has competed more with surviving siblings for parents' attention, approval, and love	0 0	0 0	1 12
Has felt closer to parents because they are afraid "something will happen to them"	0 0	0 0	1 12
Has been more protective of surviving siblings	0 0	2 25	0 0

spontaneously by subjects who were ages 2-6 at the time of their sibling's death. No short-term reactions were disclosed spontaneously by subjects in this group. The major long-term reactions were that subjects argued more with surviving siblings and subjects have been more protective of surviving siblings.

Table 46 shows the long-term cognitive reactions for subjects who were ages 2-6 at the time of their sibling's death. The major long-term reactions were: missing their deceased sibling more at certain times of the year, attempting to keep the memory of their deceased sibling alive, and believing that their sibling's death had a negative impact on their lives.

Table 47 shows the long-term emotional reactions for subjects who were ages 2-6 at the time of their sibling's death. These reactions were obtained from open-ended questions on the structured interview and from results on the RCSD and MDI. The major long-term reaction was mild depression.

Table 48 shows the long-term interpersonal relationship reactions for subjects who were ages 2-6 at the time of their sibling's death. These reactions were obtained from open-ended questions on the structured interview. The major long-term reactions were: including deceased sibling when reporting number of siblings, having found someone they can talk to about sibling and sibling's death, and believing that their parents have helped the most in dealing with sibling's death.

Table 46

Long-Term Cognitive Reactions From Open-Ended Questions--Subjects Then Ages 2-6

COGNITIVE REACTIONS FROM OPEN-ENDED QUESTIONS (N=8)	NOW	
	f	%
Poor ego boundaries with deceased sibling	0	0
Subject was a misidentified or replacement child	1	12
Has missed deceased sibling more at certain times of the year	7	88
Has attempted to keep the memory of deceased sibling alive	8	100
Believed sibling's death has had a positive impact	1	12
Believed sibling's death has had a negative impact	4	50
Believed sibling's death has not changed subject's life	3	38
Believed sibling's death has resulted in a stronger desire to succeed	2	25
Has contemplated committing suicide since sibling's death	0	0
First year was more difficult than others	3	38
First and second years were more difficult than others	0	0
First five years were more difficult than others	0	0
Year subject reached age of deceased sibling was more difficult than others	2	25
This year has been the most difficult	0	0
All the years have been difficult	0	0
No years have been more difficult than the others	3	38

Table 47

Long-Term Emotional Reactions From Open-Ended Questions and Instruments
--Subjects Then Ages 2-6

EMOTIONAL REACTIONS FROM OPEN-ENDED QUESTIONS & INSTRUMENTS (N=8)	NOW	
	f	%
Increased willingness to be happy	0	0
Diminished willingness to be happy	1	12
Minimal depression	2	25
Mild depression	6	75
Moderate depression	0	0
Severe depression	0	0
Low energy level	0	0
Cognitive difficulty	0	0
Guilt	0	0
Low self-esteem	0	0
Social introversion	1	12
Pessimism	1	12
Irritability	0	0
Sad mood	0	0
Instrumental helplessness	0	0
Learned helplessness	0	0

Table 48

Long-Term Interpersonal Relationship Reactions From Open-Ended Questions
--Subjects Then Ages 2-6

LONG-TERM INTERPERSONAL RELATIONSHIP REACTIONS FROM OPEN-ENDED QUESTIONS (N=8)	f	NOW %
Subject has included deceased sibling when reporting number of siblings	5	63
Found someone he/she can talk to about sibling & sibling's death	5	63
Parents have helped the most in dealing with sibling's death	4	50
Mother has helped the most in dealing with sibling's death	3	38
Father has helped the most in dealing with sibling's death	0	0
Surviving sibling(s) has helped the most in dealing with sibling's death	1	12
Aunt, uncle, or grandparent has helped the most in dealing with sibling's death	0	0
Friends have helped the most in dealing with sibling's death	0	0
Spouse has helped the most in dealing with sibling's death	0	0
Professional or self-help group has helped the most in dealing with sibling's death	0	0
Subject has helped him/herself the most in dealing with sibling's death	0	0
Has been sexually abused or raped by someone they knew since sibling's death	0	0
Has been physically abused by a family member since sibling's death	0	0
Others were supportive	3	38
Family member talked about committing suicide since sibling's death	0	0
Family member has attempted to commit suicide since sibling's death	2	25
Family member has had problems with substance abuse since sibling's death	3	38
Family member has had increased criminal behaviors since sibling's death	0	0
Indicated marital problems since sibling's death	0	0
Subject has divorced since sibling's death	0	0

Table 49 shows the psychosocial development for subjects who were ages 2-6 at the time of their sibling's death. No major findings were noted. One subject appeared to have overall age appropriate psychosocial development and one appeared to have overall psychosocial developmental difficulties.

Table 50 shows the effects on spirituality for subjects who were ages 2-6 at the time of their sibling's death. No major short-term reactions were found. The major long-term reaction was that the subjects in this group reported no change in their spirituality.

Table 49

Psychosocial Development--Subjects Then Ages 2-6

PSYCHOSOCIAL DEVELOPMENT (N=2)	<u>NOW</u>	
	f	%
Overall age appropriate psychosocial development	1	50
Overall advanced psychosocial development	0	0
Overall psychosocial developmental difficulties	1	50
Advanced resolution of trust vs. mistrust	0	0
Advanced resolution of autonomy vs. shame and doubt	0	0
Advanced resolution of initiative vs. guilt	0	0
Advanced resolution of industry vs. inferiority	0	0
Advanced resolution of identity vs. identity confusion	1	50
Advanced resolution of intimacy vs. isolation	0	0
Advanced resolution of generativity vs. stagnation	0	0
Advanced resolution of ego integrity vs. despair	0	0
Regressed resolution of trust vs. mistrust	0	0
Regressed resolution of autonomy vs. shame and doubt	0	0
Regressed resolution of initiative vs. guilt	0	0
Regressed resolution of industry vs. inferiority	0	0
Regressed resolution of identity vs. identity confusion	0	0
Regressed resolution of intimacy vs. isolation	1	50
Regressed resolution of generativity vs. stagnation	0	0
Regressed resolution of ego integrity vs. despair	0	0

Table 50

Effects on Spirituality--Subjects Then Ages 2-6

EFFECTS ON SPIRITUALITY (N=8)	NOW	
	f	%
No change	4	50
Has kept asking God "Why"--no answer	1	12
Has strengthened belief	3	38
Initially angry with God	1	12

Subjects Ages 7-12 at the Time of Their Sibling's Death

Table 51 shows the cognitive and emotional reactions for subjects who were ages 7-12 at the time of their sibling's death. The major short-term reactions and findings were: guilt, that subjects were involved with the funeral arrangements, and that the subjects were satisfied with their involvement with the funeral and funeral arrangements. Major long-term reactions and findings included: difficulty trusting others, difficulty trusting in their own and their family's safety, belief that they had to live their lives for their deceased sibling, wishing they were dead, frequent sadness, and preferring to visit their sibling's grave with their parents or surviving siblings. Another major reaction was experiencing nightmares. This reaction was reported by subjects in this group as both a short-term and long-term reaction. One subject

Table 51

Cognitive and Emotional Reactions--Subjects Then Ages 7-12

COGNITIVE & EMOTIONAL REACTIONS (N=6)	THEN f %	NOW f %	BOTH f %
Experienced nightmares	1 17	0 0	2 33
Difficulty trusting others	0 0	0 0	3 50
Difficulty trusting in personal and family's safety	0 0	0 0	4 67
Believed they have to live their life for deceased sibling	0 0	1 17	3 50
Wished they were dead since sibling's death	2 33	1 17	2 33
Believed parents would not have missed them as much	0 0	0 0	2 33
Were often sad	1 17	1 17	4 67
Experienced guilt	3 50	0 0	2 33
Were involved with funeral arrangements	3 50	- -	- -
Were satisfied with involvement with funeral and arrangements	5 83	- -	- -
Have preferred to visit sibling's grave with parents or surviving siblings	1 17	0 0	3 50
Have preferred to visit sibling's grave with spouse or children	0 0	0 0	0 0
Have preferred to visit sibling's grave with aunt, uncle, or grandparents	0 0	0 0	1 17
Have preferred to visit sibling's grave with friends	0 0	0 0	0 0
Have preferred to visit sibling's grave alone	0 0	1 17	1 17

reported that they initially preferred to visit their sibling's grave with their parents or surviving siblings, but since have preferred to visit their sibling's grave alone.

Table 52 shows the behavioral reactions for subjects who were ages 7-12 at the time of their sibling's death. The major short-term reactions and findings were that subjects attended sibling's funeral and that they visited their sibling's grave more than twice a month. Major long-term reactions included: crying often, trying to make parents happy, trying to make surviving siblings happy, and parenting surviving siblings. Other major reactions were difficulty eating and sleeping. These reactions were reported as either short-term or long-term reactions. In addition, two subjects from this group indicated that they have had problems with substance abuse and one reported an increase in criminal behaviors since her sibling's death.

Table 53 shows the interpersonal relationship reactions for subjects who were ages 7-12 at the time of their sibling's death. No major short-term reactions were found. Major long-term reactions included: subjects felt their parents were supportive, subjects felt their surviving siblings were supportive, parents became more protective of subjects, subjects could talk with parents about deceased sibling and sibling's death, subjects have enjoyed spending time with their parents, subjects have enjoyed spending time with their surviving siblings, subjects could talk freely with their friends about their deceased sibling and sibling's death, subjects had more difficulty with intimacy, and subjects have chosen supportive friends who have a

Table 52

Behavioral Reactions--Subjects Then Ages 7-12

BEHAVIORAL REACTIONS (N=6)	<u>THEN</u> f %	<u>NOW</u> f %	<u>BOTH</u> f %
Difficulty sleeping	2 33	0 0	2 33
Difficulty eating	2 33	0 0	2 33
Cried often	2 33	1 17	3 50
Grades declined in school	2 33	0 0	0 0
Began wetting the bed/continues to wet the bed now	0 0	0 0	0 0
Frequently in trouble with authority figures	0 0	0 0	1 17
Increased risk-taking behaviors	1 17	0 0	1 17
Subject had a misidentified or replacement child	0 0	- -	- -
Attended sibling's funeral	6 100	- -	- -
Visited sibling's grave more than two times per month	5 83	0 0	1 17
Tried to make parents happy	0 0	0 0	6 100
Tried to make surviving siblings happy (n=5)	0 0	0 0	4 80
Parented surviving siblings (n=5)	0 0	1 20	3 60
Attempted suicide since sibling's death	0 0	- -	- -
Problems with substance abuse since sibling's death	2 33	- -	- -
Increased criminal behaviors since sibling's death	1 17	- -	- -

Table 53

Interpersonal Relationship Reactions--Subjects Then Ages 7-12

INTERPERSONAL RELATIONSHIP REACTIONS (N=6)	<u>THEN</u> f %		<u>NOW</u> f %		<u>BOTH</u> f %	
Subject felt parents were supportive	0	0	0	0	5	83
Subject felt surviving siblings were supportive (n=5)	0	0	1	20	2	40
Parents became more protective of subject	2	33	1	17	3	50
Could talk with parents about deceased sibling	1	17	0	0	4	67
Could talk with parents about deceased sibling's death	1	17	0	0	3	50
Could talk with surviving siblings about deceased sibling (n=5)	0	0	1	20	1	20
Could talk with surviving siblings about deceased sibling's death (n=5)	0	0	1	20	0	0
Has enjoyed spending time with parents	0	0	1	17	4	67
Has enjoyed spending time with surviving siblings (n=5)	0	0	1	20	3	60
Parents had replacement child	2	33	-	-	-	-
Surviving sibling(s) had replacement child (n=5)	0	0	-	-	-	-
Has competed with deceased sibling for parents' attention, approval, & love	0	0	0	0	0	0
Believed parents compared them with deceased sibling	0	0	0	0	1	17
Friends understood their feelings about sibling & sibling's death	0	0	0	0	2	33
Could talk freely with friends about sibling & sibling's death	0	0	3	50	3	50
More difficulty with intimacy (n=3)	0	0	0	0	2	67
More difficulty making and/or keeping friends (n=3)	2	67	0	0	1	33
Subject has chosen supportive, positive friends	0	0	1	17	2	33
Subject has the same friends he/she had before sibling's death	0	0	1	17	1	17

positive influence on them. Another major long-term reaction was that subjects have had more difficulty making and/or keeping friends since their sibling's death. This reaction was reported as either a short-term or long-term reaction.

Table 54 shows the cognitive and emotional reactions that were disclosed spontaneously by subjects who were ages 7-12 at the time of their sibling's death. The major reaction reported spontaneously by subjects in this group was feeling angry. This reaction was reported as either a short-term or long-term reaction.

Table 55 shows the behavioral reactions that were disclosed spontaneously by subjects who were ages 7-12 at the time of their sibling's death. No major reactions were found.

Table 56 shows the interpersonal relationship reactions that were disclosed spontaneously by subjects who were ages 7-12 at the time of their sibling's death. The major reaction that was disclosed spontaneously by subjects in this group was that subjects have argued more with their parents. This reaction was reported as either a short-term or long-term reaction.

Table 57 shows the long-term cognitive reactions for subjects who were ages 7-12 at the time of their sibling's death. These reactions were obtained from open-ended questions on the structured interview. The major long-term reactions and findings included: missing their deceased siblings more at certain times of the year, attempting to keep the memory of their deceased sibling alive, believing that their

Table 54

Cognitive and Emotional Reactions Spontaneously Disclosed--Subjects
Then Ages 7-12

COGNITIVE & EMOTIONAL REACTIONS SPONTANEOUSLY DISCLOSED (N=6)	THEN f %	NOW f %	BOTH f %
Experienced denial	1 17	0 0	0 0
Experienced difficulty concentrating	0 0	0 0	1 17
Felt angry	1 17	0 0	1 17
Have seen or heard deceased sibling since their death	0 0	1 17	0 0
Subject's personality changed from introvert to extrovert after sibling's death	0 0	0 0	1 17
Subject tried not to let others know they were hurting	1 17	0 0	0 0
Subject was "the strong one for everyone else"	1 17	0 0	0 0
Subject worried about reaching age of deceased sibling	0 0	0 0	1 17
Tried not to think about sibling's death	0 0	0 0	1 17

Table 55

Behavioral Reactions Spontaneously Disclosed--Subjects Then Ages 7-12

BEHAVIORAL REACTIONS SPONTANEOUSLY DISCLOSED (N=6)	<u>THEN</u> f %	<u>NOW</u> f %	<u>BOTH</u> f %
Isolated self from others	1 17	0 0	0 0
Subject cried only when alone	1 17	0 0	0 0
Subject received higher grades in school after sibling's death	0 0	0 0	1 17

Table 56

Interpersonal Relationship Reactions Spontaneously Disclosed--Subjects Then Ages 7-12

INTERPERSONAL RELATIONSHIP REACTIONS SPONTANEOUSLY DISCLOSED (N=6)	<u>THEN</u> f %	<u>NOW</u> f %	<u>BOTH</u> f %
Argues more with parents	1 17	0 0	2 33
Father never smiles any more	0 0	1 17	0 0
Subject has felt rejected by father since sibling's death	0 0	0 0	1 17

Table 57

Long-Term Cognitive Reactions From Open-Ended Questions--Subjects Then Ages 7-12

COGNITIVE REACTIONS FROM OPEN-ENDED QUESTIONS (N=6)	NOW	
	f	%
Poor ego boundaries with deceased sibling	1	17
Subject was a misidentified or replacement child	1	17
Has missed deceased sibling more at certain times of the year	6	100
Has attempted to keep the memory of deceased sibling alive	6	100
Believed sibling's death has had a positive impact	3	50
Believed sibling's death has had a negative impact	1	17
Believed sibling's death has not changed subject's life	2	33
Believed sibling's death has resulted in a stronger desire to succeed	4	67
Has contemplated committing suicide since sibling's death	3	50
First year was more difficult than others	3	50
First and second years were more difficult than others	0	0
First five years were more difficult than others	0	0
Year subject reached age of deceased sibling was more difficult than others	0	0
This year has been the most difficult	0	0
All the years have been difficult	1	17
No year has been more difficult than the others	2	33

sibling's death has had a positive impact on their lives, believing that their sibling's death has resulted in a strong desire to succeed, contemplating committing suicide, and that the first year was more difficult than the others.

Table 58 shows the long-term emotional reactions for subjects who were ages 7-12 at the time of their sibling's death. These reactions were obtained from open-ended questions on the structured interview and from results on the RCDS and the MDI. The major long-term reaction was minimal depression.

Table 59 shows the long-term interpersonal relationship reactions for subjects who were ages 7-12 at the time of their sibling's death. These reactions were obtained during the structured interview from open-ended questions. The major long-term reactions were: including their deceased sibling when reporting number of siblings, that subjects had found someone they could talk to about their deceased sibling and sibling's death, and that others were supportive. Another major reaction was that two subjects from this group had been raped since their sibling's death.

Table 60 shows the psychosocial development for subjects who were ages 7-12 at the time of their sibling's death. The major findings were that two subjects in this group had overall advanced psychosocial development and two subjects had advanced resolution of autonomy vs. shame and doubt.

Table 61 shows the effect on spirituality for subjects who were ages 7-12 at the time of their sibling's death. No major short-term reactions were found. The major long-term reaction that was reported by subjects in this group was that their sibling's death had a positive impact on their spirituality.

Table 58

Long-Term Emotional Reactions From Open-Ended Questions and Instruments
--Subjects Then Ages 7-12

EMOTIONAL REACTIONS FROM OPEN-ENDED QUESTIONS & INSTRUMENTS (N=6)	NOW	
	f	%
Increased willingness to be happy	0	0
Diminished willingness to be happy	1	17
Minimal depression	4	66
Mild depression	1	17
Moderate depression	1	17
Severe depression	0	0
Low energy level	1	33
Cognitive difficulty	1	33
Guilt	1	33
Low self-esteem	1	33
Social introversion	1	33
Pessimism	1	33
Irritability	1	33
Sad mood	1	33
Instrumental helplessness	1	33
Learned helplessness	1	33

Table 59

Long-Term Interpersonal Relationship Reactions From Open-Ended Questions
--Subjects Then Ages 7-12

LONG-TERM INTERPERSONAL RELATIONSHIP REACTIONS FROM OPEN-ENDED QUESTIONS (N=6)	NOW	
	f	%
Subject has included deceased sibling when reporting number of siblings	6	100
Found someone he/she can talk to about sibling & sibling's death	6	100
Parents have helped the most in dealing with sibling's death	1	17
Mother has helped the most in dealing with sibling's death	2	33
Father has helped the most in dealing with sibling's death	0	0
Surviving sibling(s) has helped the most in dealing with sibling's death	0	0
Aunt, uncle, or grandparent has helped the most in dealing with sibling's death	2	33
Friends have helped the most in dealing with sibling's death	1	17
Spouse has helped the most in dealing with sibling's death	0	0
Professional or self-help group has helped the most in dealing with sibling's death	0	0
Subject has helped him/herself the most in dealing with sibling's death	0	0
Has been sexually abused or raped by someone they knew since sibling's death	2	33
Has been physically abused by a family member since sibling's death	0	0
Others were supportive	4	67
Family member talked about committing suicide since sibling's death	1	17
Family member has attempted to commit suicide since sibling's death	1	17
Family member has had problems with substance abuse since sibling's death	2	33
Family member has had increased criminal behaviors since sibling's death	1	17
Indicated marital problems since sibling's death	0	0
Subject has divorced since sibling's death	0	0

Table 60

Psychosocial Development--Subjects Then Ages 7-12

PSYCHOSOCIAL DEVELOPMENT (N=3)	NOW	
	f	%
Overall age-appropriate psychosocial development	0	0
Overall advanced psychosocial development	2	67
Overall psychosocial developmental difficulties	1	33
Advanced resolution of trust vs. mistrust	1	33
Advanced resolution of autonomy vs. shame and doubt	2	67
Advanced resolution of initiative vs. guilt	1	33
Advanced resolution of industry vs. inferiority	0	0
Advanced resolution of identity vs. identity confusion	0	0
Advanced resolution of intimacy vs. isolation	1	33
Advanced resolution of generativity vs. stagnation	1	33
Advanced resolution of ego integrity vs. despair	0	0
Regressed resolution of trust vs. mistrust	1	33
Regressed resolution of autonomy vs. shame and doubt	1	33
Regressed resolution of initiative vs. guilt	0	0
Regressed resolution of industry vs. inferiority	1	33
Regressed resolution of identity vs. identity confusion	0	0
Regressed resolution of intimacy vs. isolation	0	0
Regressed resolution of generativity vs. stagnation	1	33
Regressed resolution of ego integrity vs. despair	1	33

Table 61

Effects on Spirituality--Subjects Then Ages 7-12

EFFECTS ON SPIRITUALITY (N=6)	NOW	
	f	%
No change	1	17
Has kept asking God "Why"--no answer	0	0
Has strengthened belief	5	83
Initially angry with God	1	17

Subjects Ages 13-21 at the Time of Their Sibling's Death

Table 62 shows the cognitive and emotional reactions for subjects who were ages 13-21 at the time of their sibling's death. The major short-term reactions and findings were: that the subjects were involved with their sibling's funeral arrangements and that they were satisfied with their level of involvement with the funeral and arrangements. Major long-term reactions included: difficulty trusting others, difficulty trusting in their own and their families' personal safety, believing that they had to live their lives for their deceased siblings, wishing they were dead, frequent sadness, and preferring to visit their sibling's grave alone. Other major reactions were nightmares and guilt. These reactions were reported by subjects in this group as either short-term or long-term reactions. One subject reported that initially they preferred to visit their sibling's grave with their spouse or child, but have since preferred to visit the grave alone.

Table 62

Cognitive and Emotional Reactions--Subjects Then Ages 13-21

COGNITIVE & EMOTIONAL REACTIONS (N=10)	THEN f %	NOW f %	BOTH f %
Experienced nightmares	2 20	3 30	1 10
Difficulty trusting others	0 0	1 10	4 40
Difficulty trusting in personal and family's safety	1 10	1 10	4 40
Believed they have to live their life for deceased sibling	1 10	1 10	4 40
Wished they were dead since sibling's death	0 0	0 0	5 50
Believed parents would not have missed them as much	1 10	1 10	0 0
Were often sad	3 30	1 10	5 50
Experienced guilt	3 30	0 0	3 30
Were involved with funeral arrangements	5 50	- -	- -
Were satisfied with involvement with funeral and arrangements	10 100	- -	- -
Have preferred to visit sibling's grave with parents or surviving siblings	0 0	1 10	3 30
Have preferred to visit sibling's grave with spouse or children	1 10	0 0	0 0
Have preferred to visit sibling's grave with aunt, uncle, or grandparents	0 0	0 0	0 0
Have preferred to visit sibling's grave with friends	0 0	0 0	0 0
Have preferred to visit sibling's grave alone	0 0	2 20	4 40

Table 63 shows the behavioral reactions for subjects who were ages 13-21 at the time of their sibling's death. The major short-term reactions and findings were: difficulty eating, subjects had misidentified or replacement children, and subjects attended their siblings' funerals. Major long-term reactions included: difficulty sleeping, crying often, trying to make their parents happy, and trying to make their surviving siblings happy. Other major reactions included: one subject attempted suicide, three subjects have had problems with substance abuse, and one subject has experienced an increase in criminal behaviors since her siblings' deaths.

Table 64 shows the interpersonal relationship reactions for subjects who were ages 13-21 at the time of their sibling's death. The major short-term finding was that parents became more protective of subjects. Major long-term reactions and findings included: subjects felt their parents were supportive, subjects felt their surviving siblings were supportive, subjects could talk with their parents about their deceased siblings, subjects could talk with their parents about their siblings' deaths, subjects could talk with their surviving siblings about their deceased siblings and sibling's death, subjects have enjoyed spending time with their parents, subjects have enjoyed spending time with their surviving siblings, friends understood their feelings about their deceased sibling and sibling's death, subjects could talk freely about their deceased siblings and their siblings' deaths, subjects experienced more difficulty with intimacy, subjects have chosen supportive friends who have a positive influence on them, and subjects have the same friends they had before their sibling's death.

Table 63

Behavioral Reactions--Subjects Then Ages 13-21

BEHAVIORAL REACTIONS (N=10)	THEN f %	NOW f %	BOTH f %
Difficulty sleeping	1 10	1 10	5 50
Difficulty eating	5 50	1 10	1 10
Cried often	2 20	1 10	4 40
Grades declined in school	3 30	0 0	0 0
Began wetting the bed/continues to wet the bed now	0 0	0 0	0 0
Frequently in trouble with authority figures	0 0	0 0	0 0
Increased risk-taking behaviors	1 10	1 10	0 0
Subject had a misidentified or replacement child (n=3)	2 67	- -	- -
Attended sibling's funeral	10 100	- -	- -
Visited sibling's grave more than two times per month	2 20	2 20	1 10
Tried to make parents happy	1 10	1 10	5 50
Tried to make surviving siblings happy (n=8)	0 0	0 0	6 75
Parented surviving siblings (n=8)	0 0	0 0	2 25
Attempted suicide since sibling's death	1 10	- -	- -
Problems with substance abuse since sibling's death	3 30	- -	- -
Increased criminal behaviors since sibling's death	1 10	- -	- -

Table 64

Interpersonal Relationship Reactions--Subjects Then Ages 13-21

INTERPERSONAL RELATIONSHIP REACTIONS (N=10)	THEN		NOW		BOTH	
	f	%	f	%	f	%
Subject felt parents were supportive	1	10	1	10	7	70
Subject felt surviving siblings were supportive (n=8)	0	0	2	25	4	50
Parents became more protective of subject	4	40	1	10	3	30
Could talk with parents about deceased sibling	0	0	5	50	3	30
Could talk with parents about deceased sibling's death	0	0	2	20	4	40
Could talk with surviving siblings about deceased sibling (n=8)	1	17	1	12	3	38
Could talk with surviving siblings about deceased sibling's death (n=8)	1	12	1	12	3	38
Has enjoyed spending time with parents	0	0	2	20	6	60
Has enjoyed spending time with surviving siblings (n=8)	0	0	1	12	5	63
Parents had replacement child	1	10	-	-	-	-
Surviving sibling(s) had replacement child (n=8)	1	12	-	-	-	-
Has competed with deceased sibling for parents' attention, approval, & love	2	20	0	0	1	10
Believed parents compared them with deceased sibling	0	0	0	0	3	30
Friends understood their feelings about sibling & sibling's death	0	0	3	30	4	40
Could talk freely with friends about sibling & sibling's death	0	0	6	60	4	40
More difficulty with intimacy	0	0	0	0	5	50
More difficulty making and/or keeping friends	1	10	1	10	1	10
Subject has chosen supportive, positive friends	0	0	0	0	9	90
Subject has the same friends he/she had before sibling's death	0	0	0	0	6	60

Table 65 shows the cognitive and emotional reactions that were disclosed spontaneously by subjects who were ages 13-21 at the time of their sibling's death. The major short-term reaction was denial. Major long-term reactions included: believing that their deceased sibling is with them at all times, having felt the presence of their deceased sibling after sibling's death, and missing their deceased siblings more at major life events. Another major reaction was having seen or heard their deceased sibling since their sibling's death. This reaction was reported as either a short-term or long-term reaction.

Table 66 shows the behavioral reactions that were disclosed spontaneously by subjects who were ages 13-21 at the time of their sibling's death. No major short-term reactions were found. The major long-term reaction was that subjects wear their deceased siblings' clothes.

Table 67 shows the interpersonal relationship reactions that were disclosed spontaneously by subjects who were ages 13-21 at the time of their sibling's death. No major short-term reactions were found. The major long-term reaction was that subjects have argued more with their parents.

Table 68 shows the long-term cognitive reactions for subjects who were ages 13-21 at the time of their sibling's death. These reactions were obtained during the structured interview from open-ended questions. The major long-term reactions and findings included: missing their deceased sibling more at certain times of the year, attempting to keep the memory of their deceased siblings alive, believing that their siblings' deaths had a negative impact on their lives, and that the first year was more

Table 65

Cognitive and Emotional Reactions Spontaneously Disclosed--Subjects Then
Ages 13-21

COGNITIVE & EMOTIONAL REACTIONS SPONTANEOUSLY DISCLOSED (N=10)	THEN f %	NOW f %	BOTH f %
Afraid something bad will happen to subject's child	0 0	0 0	1 10
Became more conservative after sibling's death	0 0	0 0	1 10
Believed deceased sibling is with subject at all times	0 0	0 0	2 20
Do not want to have children since sibling's death	0 0	1 10	0 0
Experienced denial	5 50	0 0	0 0
Felt angry	1 10	0 0	0 0
Felt "everything fell on my shoulders" after sibling's death	1 10	0 0	0 0
Have difficulty creating a life that would not include deceased sibling	1 10	0 0	0 0
Have an inability to trust	0 0	1 10	0 0
Have attempted to hold feelings inside	0 0	0 0	1 10
Have been more irritable since sibling's death	0 0	1 10	0 0
Have felt deceased sibling's presence since sibling's death	0 0	1 10	1 10
Have felt less patient since sibling's death	0 0	1 10	0 0
Have felt "like I'm all alone" since sibling's death	0 0	0 0	1 10
Have felt numb since sibling's death	0 0	0 0	1 10
Have missed deceased sibling more at major life events	0 0	0 0	3 30
Have seen or heard deceased sibling since sibling's death	2 20	1 10	1 10
If subjects have children will not just have two	0 0	0 0	1 10
Kept asking "why"	0 0	0 0	1 10
Subjects felt they "had to be strong for everyone else"	0 0	0 0	1 10
Subjects have felt he/she should not cry since sibling's death	0 0	1 10	0 0
Subject were hospitalized for severe depression since sibling's death	0 0	0 0	1 10

Table 66

Behavioral Reactions Spontaneously Disclosed--Subjects Then Ages 13-21

BEHAVIORAL REACTIONS SPONTANEOUSLY DISCLOSED (N=10)	THEN		NOW		BOTH	
	f	%	f	%	f	%
Broke the phone after being told of sibling's death	1	10	0	0	0	0
Experienced blackouts	1	10	0	0	0	0
Experienced nausea	1	10	0	0	0	0
Isolated self from others	1	10	0	0	0	0
Subject moved back in with parents	1	10	0	0	0	0
Subject "ran down the road screaming" after being told of sibling's death	1	10	0	0	0	0
Subject talks with deceased sibling as if he/she is present	0	0	0	0	1	10
Subject was in ten automobile accidents during senior year in high school after sibling's death	1	10	0	0	0	0
Subject wears deceased sibling's clothes	0	0	0	0	2	20
Subject wore deceased sibling's clothes to the research interview	1	10	-	-	-	-

Table 67

Interpersonal Relationship Reactions Spontaneously Disclosed--Subjects Then
Ages 13-21

INTERPERSONAL RELATIONSHIP REACTIONS SPONTANEOUSLY DISCLOSED (N=10)	THEN f %	NOW f %	BOTH f %
Argues more with parents	0 0	1 10	1 10
Difficulty dating someone who did not know deceased sibling	0 0	0 0	1 10
Has "grown apart" from surviving sibling's (n=8)	0 0	0 0	1 12
"Mom thinks she's the only one having a hard time with this"	0 0	0 0	1 10
Parents have not allowed subject to spend the night with friends since sibling's death	0 0	0 0	1 10
Subject has become friends with deceased sibling's friends	0 0	0 0	1 10
Subject has been more appreciative of parents since sibling's death	0 0	0 0	1 10
Subject has been more protective of surviving siblings (n=8)	0 0	0 0	1 12
Subject was told first of sibling's death and had to tell remaining family members	1 10	0 0	0 0
Surviving siblings have been more protective of subject (n=8)	0 0	0 0	1 12
"We all went our separate ways at first"	1 10	0 0	0 0
Will not date anyone who will not talk with subject about deceased sibling	0 0	0 0	1 10

Table 68

Long-Term Cognitive Reactions From Open-Ended Questions--Subjects Then Ages 13-21

COGNITIVE REACTIONS FROM OPEN-ENDED QUESTIONS (N=10)	NOW	
	f	%
Poor ego boundaries with deceased sibling	1	10
Subject was a misidentified or replacement child	0	0
Has missed deceased sibling more at certain times of the year	9	90
Has attempted to keep the memory of deceased sibling alive	10	100
Believed sibling's death has had a positive impact	4	40
Believed sibling's death has had a negative impact	6	60
Believed sibling's death has not changed subject's life	0	0
Believed sibling's death has resulted in a stronger desire to succeed	2	20
Has contemplated committing suicide since sibling's death	4	40
First year was more difficult than others	5	50
First and second years were more difficult than others	1	10
First five years were more difficult than others	1	10
Year subject reached age of deceased sibling was more difficult than others	3	30
This year has been the most difficult	2	20
All the years have been difficult	0	0
No year has been more difficult than the others	0	0

difficult than the others.

Table 69 shows the long-term emotional reactions for subjects who were ages 13-21 at the time of their sibling's death. These reactions were obtained from open-ended questions on the structured interview and from the result on the MDI. The major long-term reactions were minimal depression and pessimism.

Table 70 shows the long-term interpersonal relationship reactions for subjects who were ages 13-21 at the time of their sibling's death. These reactions were obtained during the structured interview from open-ended questions. The major long-term reactions and findings were: including their deceased siblings when reporting number of siblings, having found someone the subjects could talk to about their deceased siblings and their siblings' deaths, that others were supportive, and marital problems.

Table 71 shows the psychosocial development for subjects who were ages 13-21 at the time of their sibling's death. The major reactions and findings were: overall age-appropriate psychosocial development, advanced resolution of trust vs. mistrust, advanced resolution of autonomy vs. shame and doubt, advanced resolution of identity vs. identity confusion, and regressed resolution of ego integrity vs. despair.

Table 72 shows the effects on spirituality for subjects who were ages 13-21. No major short-term effects were found. The major long-term reaction was that the subjects had experienced no change in their spirituality.

Table 69

Long-Term Emotional Reactions From Open-Ended Questions and Instruments
--Subjects Then Ages 13-21

EMOTIONAL REACTIONS FROM OPEN-ENDED QUESTIONS & INSTRUMENTS (N=10)	NOW	
	f	%
Increased willingness to be happy	1	10
Diminished willingness to be happy	1	10
Minimal depression	7	70
Mild depression	1	10
Moderate depression	1	10
Severe depression	1	10
Low energy level	2	20
Cognitive difficulty	3	30
Guilt	2	20
Low self-esteem	2	20
Social introversion	3	30
Pessimism	4	40
Irritability	2	20
Sad mood	2	20
Instrumental helplessness	3	30
Learned helplessness	2	20

Table 70

Long-Term Interpersonal Relationship Reactions From Open-Ended Questions
--Subjects Then Ages 13-21

LONG-TERM INTERPERSONAL RELATIONSHIP REACTIONS FROM OPEN-ENDED QUESTIONS (N=10)	NOW	
	f	%
Subject has included deceased sibling when reporting number of siblings	9	90
Found someone he/she can talk to about sibling & sibling's death	8	80
Parents have helped the most in dealing with sibling's death	1	10
Mother has helped the most in dealing with sibling's death	1	10
Father has helped the most in dealing with sibling's death	0	0
Surviving sibling(s) has helped the most in dealing with sibling's death	0	0
Aunt, uncle, or grandparent has helped the most in dealing with sibling's death	0	0
Friends have helped the most in dealing with sibling's death	2	20
Spouse has helped the most in dealing with sibling's death	0	0
Subject's child has helped the most in dealing with sibling's death	1	10
Professional or self-help group has helped the most in dealing with sibling's death	2	20
Subject has helped him/herself the most in dealing with sibling's death	3	30
Has been sexually abused or raped by someone they knew since sibling's death	0	0
Has been physically abused by a family member since sibling's death	1	10
Others were supportive	5	50
Family member talked about committing suicide since sibling's death	1	10
Family member has attempted to commit suicide since sibling's death	0	0
Family member has had problems with substance abuse since sibling's death	4	40
Family member has had increased criminal behaviors since sibling's death	0	0
Indicated marital problems since sibling's death (n=4)	3	75
Subject has divorced since sibling's death (n=4)	1	25

Table 71

Psychosocial Development--Subjects Then Ages 13-21

PSYCHOSOCIAL DEVELOPMENT (N=10)	f	NOW %
Overall age-appropriate psychosocial development	5	50
Overall advanced psychosocial development	3	30
Overall psychosocial developmental difficulties	2	20
Advanced resolution of trust vs. mistrust	4	40
Advanced resolution of autonomy vs. shame and doubt	4	40
Advanced resolution of initiative vs. guilt	2	20
Advanced resolution of industry vs. inferiority	3	30
Advanced resolution of identity vs. identity confusion	4	40
Advanced resolution of intimacy vs. isolation	2	20
Advanced resolution of generativity vs. stagnation	2	20
Advanced resolution of ego integrity vs. despair	2	20
Regressed resolution of trust vs. mistrust	3	30
Regressed resolution of autonomy vs. shame and doubt	1	10
Regressed resolution of initiative vs. guilt	2	20
Regressed resolution of industry vs. inferiority	2	20
Regressed resolution of identity vs. identity confusion	1	10
Regressed resolution of intimacy vs. isolation	3	30
Regressed resolution of generativity vs. stagnation	2	20
Regressed resolution of ego integrity vs. despair	4	40

Table 72

Effects on Spirituality--Subjects Then Ages 13-21

EFFECTS ON SPIRITUALITY (N=10)	NOW	
	f	%
No change	3	30
Has kept asking God "Why"--no answer	1	10
Has strengthened belief	2	20
Initially angry with God	0	0
Began attending church again	1	10
Initially asked "Why"	1	10
"I understand now that God has a time for everyone to die"	1	10
"If there was a God, He wouldn't have let it happen"	1	10
Initially thought God did not care	1	10
Has had a negative impact on spirituality	2	20

Subjects Ages 22-25 at the Time of Their Sibling's Death

Table 73 shows the cognitive and emotional reactions for subjects who were ages 22-25 at the time of their sibling's death. The major short-term reactions and findings were: frequent sadness, guilt, that subjects were involved with their sibling's funeral arrangements, and that subjects were satisfied with their level of involvement with the funeral and arrangements. Major long-term reactions included: difficulty trusting others, difficulty trusting in personal and family's safety, and preferring to visit their sibling's grave alone. Another major reaction was that subjects wished they were dead. This reaction was reported by the subjects in this group as either a

Table 73

Cognitive and Emotional Reactions--Subjects Then Ages 22-25

COGNITIVE & EMOTIONAL REACTIONS (N=5)	THEN f %	NOW f %	BOTH f %
Experienced nightmares	0 0	0 0	2 40
Difficulty trusting others	0 0	0 0	3 60
Difficulty trusting in personal and family's safety	0 0	0 0	5 100
Believed they have to live their life for deceased sibling	0 0	0 0	2 40
Wished they were dead since sibling's death	1 20	0 0	2 40
Believed parents would not have missed them as much	0 0	0 0	1 20
Were often sad	3 60	0 0	2 40
Experienced guilt	3 60	0 0	2 40
Were involved with funeral arrangements	5 100	- -	- -
Were satisfied with involvement with funeral and arrangements	5 100	- -	- -
Have preferred to visit sibling's grave with parents or surviving siblings	0 0	1 20	0 0
Have preferred to visit sibling's grave with spouse or children	0 0	2 40	0 0
Have preferred to visit sibling's grave with aunt, uncle, or grandparents	0 0	0 0	0 0
Have preferred to visit sibling's grave with friends	0 0	0 0	0 0
Have preferred to visit sibling's grave alone	3 60	0 0	2 40

short-term or long-term reaction. Three subjects reported that initially they preferred to visit their sibling's grave alone, but have since preferred to visit with a family member.

Table 74 shows the behavioral reactions for subjects who were ages 22-25 at the time of their sibling's death. The major short-term reactions and findings were: crying often, subjects had misidentified or replacement children, and subjects attended their siblings' funerals. Major long-term reactions included: crying often, trying to make their parents happy, trying to make their surviving siblings happy, and parenting their surviving siblings. Another major reaction was difficulty sleeping. This reaction was reported by subjects in this group as either a short-term or long-term reaction. Other major reactions included: one subject reported problems with substance abuse and one reported increased criminal activities since their siblings' deaths.

Table 75 shows the interpersonal relationship reactions for subjects who were ages 22-25 at the time of their sibling's death. The major short-term finding was that parents became more protective of the subjects. Major long-term reactions and findings included: subjects felt their parents were supportive; subjects felt their surviving siblings were supportive; subjects could talk with their parents about their deceased siblings; subjects could talk with their parents about their sibling's death; subjects could talk with their surviving siblings about their deceased sibling; subjects have enjoyed spending time with their parents; subjects have enjoyed spending time with their surviving siblings; subjects have competed with their deceased siblings for their parents' attention, approval, and love since their siblings' deaths; and, subjects

Table 74

Behavioral Reactions--Subjects Then Ages 22-25

BEHAVIORAL REACTIONS (N=5)	THEN		NOW		BOTH	
	f	%	f	%	f	%
Difficulty sleeping	2	40	0	0	1	20
Difficulty eating	1	20	0	0	1	20
Cried often	2	40	0	0	3	60
Grades declined in school	1	20	0	0	0	0
Began wetting the bed/continues to wet the bed now	0	0	0	0	0	0
Frequently in trouble with authority figures	0	0	0	0	0	0
Increased risk-taking behaviors	0	0	0	0	0	0
Subject had a misidentified or replacement child (n=2)	2	100	-	-	-	-
Attended sibling's funeral	5	100	-	-	-	-
Visited sibling's grave more than two times per month	1	20	0	0	0	0
Tried to make parents happy	1	20	0	0	4	80
Tried to make surviving siblings happy	1	20	0	0	3	60
Parented surviving siblings	0	0	1	20	2	40
Attempted suicide since sibling's death	0	0	-	-	-	-
Problems with substance abuse since sibling's death	1	20	-	-	-	-
Increased criminal behaviors since sibling's death	1	20	-	-	-	-

Table 75

Interpersonal Relationship Reactions--Subjects Then Ages 22-25

INTERPERSONAL RELATIONSHIP REACTIONS (N=5)	THEN f %	NOW f %	BOTH f %
Subject felt parents were supportive	0 0	0 0	4 80
Subject felt surviving siblings were supportive	0 0	0 0	5 100
Parents became more protective of subject	3 60	0 0	2 40
Could talk with parents about deceased sibling	0 0	0 0	5 100
Could talk with parents about deceased sibling's death	0 0	0 0	3 60
Could talk with surviving siblings about deceased sibling	0 0	2 40	1 20
Could talk with surviving siblings about deceased sibling's death	0 0	0 0	2 40
Has enjoyed spending time with parents	0 0	1 20	4 80
Has enjoyed spending time with surviving siblings	0 0	1 20	4 80
Parents had replacement child	0 0	- -	- -
Surviving sibling(s) had replacement child	1 20	- -	- -
Has competed with deceased sibling for parents' attention, approval, & love	1 20	1 20	2 40
Believed parents compared them with deceased sibling	0 0	0 0	0 0
Friends understood their feelings about sibling & sibling's death	0 0	0 0	2 40
Could talk freely with friends about sibling & sibling's death	0 0	0 0	2 40
More difficulty with intimacy	0 0	0 0	2 40
More difficulty making and/or keeping friends	1 20	0 0	2 40
Subject has chosen supportive, positive friends	0 0	0 0	3 60
Subject has the same friends he/she had before sibling's death	0 0	0 0	2 40

have chosen supportive friends who have a positive influence on them. Another major reaction was that subjects have had more difficulty making and/or keeping friends since their siblings' deaths. This reaction was reported by subjects in this group as either a short-term or long-term reaction.

Table 76 shows the cognitive and emotional reactions that were disclosed spontaneously by subjects who were ages 22-25 at the time of their sibling's death. The major short-term reaction was that the subjects kept asking "Why." Other major reactions were denial and anger. Both of these reactions were reported by subjects in this group as either short-term or long-term reactions.

Table 77 shows the behavioral reactions that were disclosed spontaneously by subjects who were ages 22-25 at the time of their sibling's death. No major short-term reactions were found. The major long-term reaction was that subjects wear their deceased siblings' clothes.

Table 78 shows the interpersonal relationship reactions that were disclosed spontaneously by subjects who were ages 22-25 at the time of their sibling's death. No major reactions were found.

Table 79 shows the long-term cognitive reactions for subjects who were ages 22-25 at the time of their sibling's death. The long-term reactions were: missing their deceased siblings more at certain times of the year, attempting to keep the memory of their deceased siblings alive, believing that their siblings' deaths had a positive impact on their lives, believing that their siblings' deaths resulted in a stronger desire to succeed, and that the first year was more difficult than the others.

Table 76

Cognitive and Emotional Reactions Spontaneously Disclosed--Subjects Then
Ages 22-25

COGNITIVE & EMOTIONAL REACTIONS SPONTANEOUSLY DISCLOSED (N=5)	THEN f %	NOW f %	BOTH f %
"Everything seems temporary"	0 0	0 0	1 20
Experienced denial	2 40	0 0	2 40
"Fell apart" at funeral when deceased siblings were buried	1 20	0 0	0 0
Felt angry	1 20	0 0	1 20
Felt bitter and cynical	1 20	0 0	0 0
Felt relieved after making decision to take sibling off life support	1 20	0 0	0 0
Felt they had to get over sibling's death quickly	1 20	0 0	0 0
Have attempted to hold feelings inside	0 0	0 0	1 20
Has felt deceased sibling had foreknowledge of their death	1 20	0 0	0 0
Have felt deceased sibling's presence since sibling's death	1 20	0 0	0 0
Have felt numb since sibling's death	1 20	0 0	0 0
Have stronger need to be in control since sibling's death	0 0	0 0	1 20
Have thought about what deceased sibling has missed	0 0	0 0	1 20
Kept asking "why"	3 60	0 0	0 0
"Life goes on around us and no one else knows what just happened"	1 20	0 0	0 0
Looked intently at deceased sibling in casket to be certain it was them	1 20	0 0	0 0
"Now I'm the oldest"	1 20	0 0	0 0
Relieved after burial	1 20	0 0	0 0
Subjects have wished they would get in an accident and has intentionally sped	0 0	0 0	1 20
Subjects have worried more about parents than self	1 20	0 0	0 0
Thought they saw deceased sibling in cars or crowds after sibling's death	1 20	0 0	0 0

Table 77

Behavioral Reactions Spontaneously Disclosed--Subjects Then Ages 22-25

BEHAVIORAL REACTIONS SPONTANEOUSLY DISCLOSED (N=5)	THEN f %	NOW f %	BOTH f %
Cried at work in back restroom stall	0 0	0 0	1 20
Subject grinds teeth while sleeping & must wear mouth brace since sibling's death	0 0	0 0	1 20
Subject "screamed uncontrollably" after being told of sibling's death	1 20	0 0	0 0
Subject immediately attempted to and became pregnant with replacement child days after sibling's death	1 20	0 0	0 0
Subject wears deceased sibling's clothes	0 0	0 0	3 60
Subject wore deceased sibling's clothes to the research interview	1 20	- -	- -

Table 78

Interpersonal Relationship Reactions Spontaneously Disclosed--Subjects Then Ages 22-25

INTERPERSONAL RELATIONSHIP REACTIONS SPONTANEOUSLY DISCLOSED (N=5)	THEN f %	NOW f %	BOTH f %
Family has not talked together about sibling & sibling's death	0 0	0 0	1 20
Father has never talked about deceased sibling since sibling's death	0 0	0 0	1 20
Has argued more with mother	0 0	0 0	1 20
Has "grown apart" from surviving sibling's	0 0	0 0	1 20
Mother wants subject to have more children to "make up" for those deceased sibling was unable to have	0 0	1 20	0 0
Subject has thought surviving sibling has wished it had been the Subject who had died instead of deceased sibling	0 0	0 0	1 20
Subject made long distance calls to mother every day	1 20	0 0	0 0

Table 79

Long-Term Cognitive Reactions From Open-Ended Questions--Subjects Then
Ages 22-25

COGNITIVE REACTIONS FROM OPEN-ENDED QUESTIONS (N=5)	NOW	
	f	%
Poor ego boundaries with deceased sibling	2	40
Subject was a misidentified or replacement child	0	0
Has missed deceased sibling more at certain times of the year	5	100
Has attempted to keep the memory of deceased sibling alive	5	100
Believed sibling's death has had a positive impact	3	60
Believed sibling's death has had a negative impact	2	40
Believed sibling's death has not changed subject's life	0	0
Believed sibling's death has resulted in a stronger desire to succeed	3	60
Has contemplated committing suicide since sibling's death	2	40
First year was more difficult than others	3	60
First and second years were more difficult than others	1	20
First five years were more difficult than others	0	0
Year subject reached age of deceased sibling was more difficult than others	1	20
This year has been the most difficult	1	20
All the years have been difficult	0	0
No year has been more difficult than the others	0	0

Table 80 shows the long-term emotional reactions for subjects who were ages 22-25 at the time of their sibling's death. These reactions were obtained from open-ended questions on the structured interview and from the results on the MDI. The major long-term reactions were: minimal and mild depression.

Table 81 shows the long-term interpersonal relationship reactions for subjects who were ages 22-25 at the time of their sibling's death. These reactions were obtained during the structured interview from open-ended questions. The major long-term reactions were: including deceased sibling when reporting number of siblings, having found someone they could talk to about their deceased siblings and their siblings' deaths, that family members talked about committing suicide, and that subjects have had marital problems since their siblings' deaths.

Table 82 shows the psychosocial development for subjects who were ages 22-25 at the time of their sibling's death. The major reactions were: overall age-appropriate psychosocial development, regressed resolution of generativity vs. stagnation, and regressed resolution of ego integrity vs. despair.

Table 83 shows the effects on spirituality for subjects who were ages 22-25 at the time of their sibling's death. No major short-term reactions were found. The major long-term reaction was that their siblings' deaths have had a negative impact on the subjects' spirituality.

Table 80

Long-Term Emotional Reactions From Open-Ended Questions and Instruments
--Subjects Then Ages 22-25

EMOTIONAL REACTIONS FROM OPEN-ENDED QUESTIONS & INSTRUMENTS (N=5)	NOW	
	f	%
Increased willingness to be happy	1	20
Diminished willingness to be happy	1	20
Minimal depression	2	40
Mild depression	2	40
Moderate depression	1	20
Severe depression	0	0
Low energy level	2	40
Cognitive difficulty	2	40
Guilt	2	40
Low self-esteem	1	20
Social introversion	2	40
Pessimism	1	20
Irritability	0	0
Sad mood	1	20
Instrumental helplessness	2	40
Learned helplessness	1	20

Table 81

Long-Term Interpersonal Relationship Reactions From Open-Ended Questions
--Subjects Then Ages 22-25

LONG-TERM INTERPERSONAL RELATIONSHIP REACTIONS FROM OPEN-ENDED QUESTIONS (N=5)	NOW	
	f	%
Subject has included deceased sibling when reporting number of siblings	5	100
Found someone he/she can talk to about sibling & sibling's death	3	60
Parents have helped the most in dealing with sibling's death	0	0
Mother has helped the most in dealing with sibling's death	0	0
Father has helped the most in dealing with sibling's death	0	0
Surviving sibling(s) has helped the most in dealing with sibling's death	0	0
Aunt, uncle, or grandparent has helped the most in dealing with sibling's death	1	20
Friends have helped the most in dealing with sibling's death	1	20
Spouse has helped the most in dealing with sibling's death	1	20
Subject's child has helped the most in dealing with sibling's death	0	0
Professional or self-help group has helped the most in dealing with sibling's death	1	20
Subject has helped him/herself the most in dealing with sibling's death	1	20
Has been sexually abused or raped by someone they knew since sibling's death	0	0
Has been physically abused by a family member since sibling's death	0	0
Others were supportive	1	20
Family member talked about committing suicide since sibling's death	3	60
Family member has attempted to commit suicide since sibling's death	0	0
Family member has had problems with substance abuse since sibling's death	2	40
Family member has had increased criminal behaviors since sibling's death	0	0
Indicated marital problems since sibling's death (n=4)	3	75
Subject has divorced since sibling's death	0	0

Table 82

Psychosocial Development--Subjects Then Ages 22-25

PSYCHOSOCIAL DEVELOPMENT (N=5)	NOW	
	f	%
Overall age-appropriate psychosocial development	3	60
Overall advanced psychosocial development	0	0
Overall psychosocial developmental difficulties	2	40
Advanced resolution of trust vs. mistrust	0	0
Advanced resolution of autonomy vs. shame and doubt	1	20
Advanced resolution of initiative vs. guilt	0	0
Advanced resolution of industry vs. inferiority	1	20
Advanced resolution of identity vs. identity confusion	1	20
Advanced resolution of intimacy vs. isolation	0	0
Advanced resolution of generativity vs. stagnation	0	0
Advanced resolution of ego integrity vs. despair	1	20
Regressed resolution of trust vs. mistrust	2	40
Regressed resolution of autonomy vs. shame and doubt	2	40
Regressed resolution of initiative vs. guilt	2	40
Regressed resolution of industry vs. inferiority	1	20
Regressed resolution of identity vs. identity confusion	2	40
Regressed resolution of intimacy vs. isolation	2	40
Regressed resolution of generativity vs. stagnation	3	60
Regressed resolution of ego integrity vs. despair	4	80

Table 83

Effects on Spirituality--Subjects Then Ages 22-25

EFFECTS ON SPIRITUALITY (N=5)	NOW	
	f	%
No change	1	20
Has kept asking God "Why"--no answer	1	20
Has strengthened belief	1	20
Initially angry with God	0	0
Has had a negative impact on spirituality	3	60

CHAPTER SIX

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Chapter 6 presents a summary of the problem and purpose, the review of the literature, methodology, and the findings of this study. This chapter also provides a discussion of the findings and conclusions of this study, and makes recommendations for further research.

Summary

Problem and Purpose

During childhood, primary relationships assist in psychosocial development and the development of personality, coping mechanisms, ego defense systems, social skills, character, and the cognitive structures through which individuals frame their sense of reality. Loss of the primary relationship of a sibling may therefore cause significant disruption. A review of the literature indicated that the effects of childhood sibling death had been minimally investigated.

The purpose of this study was to investigate short-term and long-term reactions to childhood sibling death. A broad age range of individuals from children to adults was interviewed. Reactions were classified and analyzed in the areas of cognition, emotions, behaviors, interpersonal relations, and spirituality. This study investigated

the relationship between the experience of childhood sibling death and current levels of depression. In addition, the relationship between childhood sibling death and psychosocial development was examined.

Review of the Literature

Morse (1984) reported that children are often the "forgotten mourners" because they receive overt and covert messages from their environment to suppress, deny, and/or delay their grief. In addition, children are "misidentified" by family members or conceived as "replacement" children in reaction to childhood death in an attempt to recapture a cathartic attachment to their deceased loved one. This reaction occurs not only with parents of the deceased child, but also with their surviving siblings (Best & VanDevere, 1986; Kirkley, 1983; Krell & Rabkin, 1979).

A review of the literature has indicated that research into the area of childhood bereavement has generally focused on parental death. The research that specifically addressed childhood sibling death has focused on such issues as effects on creativity, religiosity, self-concept, self-esteem, and possible correlation with the development of schizophrenia. Theoretical frameworks for childhood sibling loss and corresponding issues have been proposed. However, few studies were found that reported the short-term and long-term effects of childhood sibling loss. Balk (1983a,b,c) studied the effects of childhood sibling loss on adolescents. Balk (1983a,b,c) studied adolescents' initial reactions to childhood sibling loss, and their reactions 4 to 84 months later. Rosen (1984-85) studied the effects of childhood sibling loss on individuals ages 15-74.

Methodology

Authorization for this research was granted by the Regional Coordinators and/or Chapter Leaders of "The Compassionate Friends." The population utilized were individuals who had experienced the death of a sibling during or prior to the age of 25 years, and were between the ages of 8 and 35 at the time of this study. A sample of 30 subjects was drawn, of whom 20 were females and 10 were males. Ten subjects were selected from each of the following developmental age groups: 8-12 years of age, 13-21 years of age, and 22-35 years of age. These subjects were voluntary participants that were recruited from "The Compassionate Friends." They responded to a call for participants through a regional newsletter published by "The Compassionate Friends" in Central Ohio. The subjects reported that they had experienced the death of between one and three siblings. There were 26 incidents of childhood deaths within 22 families. Four of the subjects reported that they did not have any surviving siblings. There was a relatively equal distribution of older and younger siblings' deaths. However, the subjects reported more incidents of male sibling death than of female sibling death by nearly two to one. The research took place at my office in Central Ohio, with the exception of one interview session which took place in the subject's home.

Subjects for this investigation were informed about issues of confidentiality and what participation would entail prior to obtaining signed consent to participate in this study. In addition, two local mental-health professionals were identified prior to the commencement of this study, should any subject desire to seek professional

intervention after his/her participation in this investigation. The subjects were debriefed after their participation, and were given information as to how they could contact me if they had any further questions.

This study utilized a structured interview, two depression instruments, and a psychosocial development instrument. Subjects ages 8-12 were administered the Reynolds Child Depression Scale (RCDS) and participated in a structured interview. Subjects ages 13-35 were administered the Multiscore Depression Inventory (MDI) and the Measures of Psychosocial Development (MDP). They also participated in a structured interview. The structured interview was developed by me in conjunction with my research committee. The structured interview was administered to the subjects first, followed by the administration of the instruments. The instruments were administered after the structured interview in an effort to prevent the content of the instruments from interfering with the subjects' responses to the structured interview. The instruments and structured interview were administered at one sitting, on a one-to-one basis.

Information from the structured interviews and the instruments was reported in case studies. Content analysis was used to evaluate short-term and long-term reactions. The subjects were analyzed (1) according to their age at the time of this study, and (2) according to their age at the time of their siblings' deaths. Given the small sample size caution should be used in making generalizations.

Findings

A summary of the findings related to depression and psychosocial development

is presented in this section. In addition, the major findings for the subjects' reactions to childhood sibling death in the areas of cognition and emotions, behaviors, interpersonal relations, and spirituality are presented.

Depression

Group ages 8-12 at the time of this study. Results from the RCDS suggested that the current level of depression for the majority of the subjects in this group was mild depression.

Group ages 13-21 at the time of this study. Results from the MDI suggested that the current level of depression for the majority of the subjects in this group was minimal depression.

Group ages 22-35 at the time of this study. Results from the MDI suggested that the current level of depression for the majority of the subjects in this group was minimal depression.

Psychosocial development

Group ages 8-12 at the time of this study. Due to age constraints on the MPD, psychosocial development was not investigated for this age group.

Group ages 13-21 at the time of this study. Results from the MPD suggested that the majority of the subjects in this group had either overall advanced psychosocial development or overall psychosocial developmental difficulties.

Group ages 22-35 at the time of this study. Results from the MPD suggested that the majority of the subjects in this group had overall age appropriate psychosocial development.

Cognition and emotions

Group ages 8-12 at the time of this study. The major short-term reaction was experiencing nightmares. Major long-term reactions included: difficulty trusting others, difficulty trusting in personal and family's safety, believing that they had to live their lives for their deceased siblings, frequent sadness, preferring to visit their sibling's grave with their parents or surviving siblings, missing their deceased siblings more at certain times of the year, believing that either their siblings' deaths had not changed their lives or that it had a negative impact on their lives, and believing that their sibling's death had caused them to have a strong desire to succeed. Other major reactions that were reported as either short-term or long-term reactions included: wishing they were dead and guilt. The major reactions that were disclosed spontaneously by the subjects in this group included: feeling scared, feeling angry, and fear that they would die when they reached the age their deceased sibling was at the time of his/her death.

Group ages 13-21 at the time of this study. No major short-term reactions were found. Major long-term reactions included: nightmares, difficulty trusting others, difficulty trusting in personal and family's safety, believing that they had to live their lives for their deceased siblings, wishing they were dead, frequent sadness, preferring

to visit their sibling's grave alone, missing their deceased siblings more at certain times of the year, believing that their sibling's death had a positive impact on their lives, and having contemplated committing suicide. Another major reaction that was reported as either a short-term or long-term reaction was experiencing guilt. In addition, a third of the subjects in this group believed that their parents would not have missed them as much if they had died instead of their deceased sibling. Other major reactions that were reported spontaneously by subjects in this group included: denial, having seen or heard their deceased sibling since their death, and missing their deceased sibling more at major life events (i.e., weddings, graduations, and at the births of their children).

Group ages 22-35 at the time of this study. The major short-term reactions were frequent sadness and guilt. Major long-term reactions included: difficulty trusting others, difficulty trusting in personal and family's safety, frequent sadness, missing their deceased siblings more at certain times of the year, and believing that their sibling's death had a negative impact on their lives. Other major reactions that were reported as either short-term or long-term reactions included: nightmares, wishing they were dead, and preferring to visit their sibling's grave alone. In addition, one third of the subjects in this group reported that they had contemplated committing suicide since their sibling's death. Other major reactions that were disclosed spontaneously included: denial, anger, numbness, attempting to hold their feelings inside, asking "Why," feeling the presence of their deceased sibling since their death, and having seen or heard their deceased sibling since their death.

Behaviors

Group ages 8-12 at the time of this study. The major short-term reactions were crying often and visiting their deceased sibling's grave more than twice a month. Major long-term reactions included: crying often, trying to make their parents happy, trying to make their surviving siblings happy, and parenting their surviving siblings.

Group ages 13-21 at the time of this study. Two major reactions were reported as either short-term or long-term reactions, difficulty eating, and visiting their sibling's grave more than twice a month. No major reactions were identified as being only short-term reactions. Major long-term reactions included: difficulty sleeping, crying often, trying to make parents happy, trying to make surviving siblings happy, and parenting surviving siblings. Other major reactions that were disclosed spontaneously by subjects in this group were isolating themselves from others and wearing their deceased sibling's clothes. One subject wore her deceased sibling's clothes to the research interview. A third of the subjects in this group reported that they have had problems with substance abuse since their siblings' deaths. Two subjects in this group reported that they have experienced an increase in criminal behaviors since their siblings' deaths.

Group ages 22-35 at the time of this study. The major short-term reactions were: crying often, grades declined in school, and subjects had misidentified or replacement children. Major long-term reactions included: crying often, trying to make parents happy, and trying to make surviving siblings happy. Two major

reactions were reported as either short-term or long-term reactions: difficulty eating and difficulty sleeping. One subject in this group had attempted suicide since her sibling's death. A third of the subjects in this group had problems with substance abuse since their siblings' deaths. One subject reported he had experienced an increase in criminal behaviors since his sibling's death. Another major reaction that was reported spontaneously by subjects in this group was that they wear their deceased siblings' clothes. One subject from this group wore his deceased sibling's clothes to the research interview.

Interpersonal relations

Group ages 8-12 at the time of this study. No major short-term reactions were found. Major long-term reactions included: subjects felt their parents were supportive, subjects felt their surviving siblings were supportive, parents became more protective of the subjects, subjects could talk with their parents about their deceased siblings, subjects could talk with their parents about their siblings' deaths, and their mothers had helped the most in dealing with their siblings' deaths. Another major reaction that was disclosed spontaneously by subjects in this group was that the subjects were more protective of their surviving siblings.

Group ages 13-21 at the time of this study. Two major reactions were reported by subjects in this group as either short-term or long-term reactions: subjects had more difficulty making and/or keeping friends and parents became more protective of subjects. No major reactions were found that were only short-term. Major long-term

reactions include: subjects felt their parents were supportive, subjects felt their surviving siblings were supportive, subjects could talk with their parents about their deceased siblings, subjects could talk with their surviving siblings about their deceased siblings, subjects could talk with their surviving siblings about their siblings' deaths, and subjects experienced more difficulty with intimacy. Another major reaction that was disclosed spontaneously by subjects in this group was that they have argued more with their parents since their siblings' deaths. Another major long-term reaction was that subjects in this group had different friends than those they had prior to their siblings' deaths. Two subjects from this group reported that they had been raped, and another subject reported that she had been physically abused by a family member since her siblings' deaths.

Group ages 22-35 at the time of this study. The major short-term reaction was that parents became more protective of the subjects. Major long-term reactions included: parents were supportive, surviving siblings were supportive, subjects could talk with their parents about their deceased siblings, they could talk with their parents about their siblings' deaths, and they experienced marital problems. Another major reaction that was reported by subjects in this group as either a short-term or long-term reaction was that the subjects have competed with their deceased siblings for their parents' attention, approval, and love since their siblings' deaths. Other major findings were that subjects had the same friends that they had prior to their siblings deaths, and that subjects' family members have had problems with substance abuse since the deaths. Another major reaction that was disclosed spontaneously by subjects in this

group was that they have become distant in their relationships with their surviving siblings.

Spirituality

Group ages 8-12 at the time of this study. No major short-term reactions were found. The major long-term reaction was that the subjects had experienced no change in their spirituality.

Group ages 13-21 at the time of this study. No major short-term reactions were found. The major long-term reaction was that the subjects felt that their siblings' deaths had a positive impact on their spirituality. They felt that their siblings' deaths had strengthened their belief in God and had drawn them closer to Him.

Group ages 22-35 at the time of this study. No major short-term reactions were found. The major long-term reaction was that the subjects felt that their siblings' deaths had a negative impact on their spirituality.

Discussion and Conclusions

Related to the Literature

Morse (1984) reported that children are often the "forgotten mourners" because they receive overt and covert messages from their environment to suppress, deny, and/or delay their grief. This was consistent with results of this study. Some subjects that participated in this study reported that others had not been supportive of them after their sibling's death. They stated that others had made statements such as "How

are your parents doing?" "Everything will be all right," or in one case after viewing the body of her deceased sibling the subject exclaimed "Oh, God." and the emergency medical technician replied "God can't help him now." The subjects in this study appeared to have been given messages to postpone their needs and to care for others. They reported that they assumed responsibility for their surviving siblings' and parents' emotional needs, and often parented their surviving siblings.

The literature discussed having a replacement child or "misidentified" child as a reaction to childhood death (Best & VanDevere, 1986; Kirkley, 1983; Krell & Rabkin, 1979). This appeared to be consistent with the findings of this investigation. Several subjects from this study appeared to have been misidentified children. Additionally, several subjects from this study appeared to have had replacement or misidentified children. They indicated many similarities between their children and their deceased siblings. Additionally, many of the replacement children were named after their deceased siblings, and it appeared that a portion of their parents' cathartic attachment to the child was a misplaced attachment to their deceased sibling.

Balk (1983a,b,c) studied the effects of childhood sibling loss on adolescents. Although this current study has addressed two additional age ranges, some consistencies were noted. Balk studied subjects' initial reactions and their reactions 4 to 84 months later. He (1983b) reported that his subjects experienced shock, confusion, relief, numbness, guilt, depression, fear, loneliness, and anger. These results were consistent with those reported by adolescents in this study with the exception of shock and confusion.

Balk (1983c) also found that the adolescents had difficulty discussing their sibling's death. He reported that the subjects in his study indicated that their parents became overly protective of them, but that the parents had not been supportive of them. He also stated that the adolescents' friends did not understand about their siblings' deaths, and that they had lost friends. These findings were consistent with reactions reported by adolescents in this investigation, with the exception of parental support. The results of this study indicated that 90% of the adolescents reported that their parents had been supportive of them.

Balk (1983a,b) reported that the adolescents reported sleep disturbances and that their eating habits were disrupted. The adolescents in his study reported hallucinations, thoughts of suicide, and detrimental effects on grades and study habits. He also indicated that the adolescents reported that they missed their siblings on specific days throughout the year. These results also were consistent with the results of this investigation. Adolescents in this study reported they had difficulty eating and sleeping, that they had seen or heard their deceased sibling since their death, that they had contemplated committing suicide, and that their grades had declined. The adolescents in this investigation also reported that they missed their siblings more at certain times of the year.

Balk (1983a,b) reported that most of the adolescents in his study reported a sense of increased maturity or that they had learned at least one important lesson from the death of their sibling. However, this contrasted with the results of this study, in which only half of the adolescents reported that their sibling's death had a positive

impact on their lives. Balk (1983a,b) also reported that 82% of the adolescents in his study had reported that they had turned to religion as one source of meaning since their sibling's death. This was consistent with the findings of this study, in which the adolescents reported that their sibling's death had a positive impact on their spirituality or belief in God.

Rosen (1984-85) reported similar findings as those reported by Balk (1983a,b,c). She reported that 50% of the subjects in her study reported feelings of guilt. This was consistent with the results of this study, in which 70% of the subjects reported feelings of guilt. She also reported that the subjects in her study had felt sad, lonely, frightened, numb, and angry. Again, these findings were consistent with those of this study. Rosen (1984-85) reported that subjects in her study had difficulty talking about their deceased siblings, and that 76% had been unable to talk with anyone about their deceased siblings. This finding was inconsistent with the findings of this study, in which only 23% have been unable to find someone to talk with about their deceased sibling and their sibling's death. She also reported that surviving siblings may feel responsible for comforting one or both parents and feel responsible for compensating their parents for the loss they incurred. This finding was consistent with the results of this study, in which 90% reported that they have tried to make their parents happy, to meet their emotional needs, and to take care of them.

Research Questions

1. Are there short-term and long-term reactions to childhood sibling death in the areas of cognition, emotions, behaviors, interpersonal relations, and spirituality?

The results of this study indicated that there were both short-term and long-term reactions to childhood sibling death. The short-term reactions that were discussed in this investigation included those which began during the first 3 months after the sibling's death. The long-term reactions that were discussed in this investigation included both those which began sometime after the first 3 months but were present at the time of this study, and those which began during the first 3 months and had persisted until the time of this investigation. These short-term and long-term reactions for the areas of cognition, emotions, behaviors, interpersonal relations, and spirituality were presented in chapter 5. The major findings with respect to these reactions were discussed above.

Subjects in all three groups

The pattern of major reactions to childhood sibling loss that appeared to emerge for subjects in all three groups were: nightmares, difficulty trusting others, difficulty trusting in personal and family's safety, believing that they had to live their lives for their deceased siblings, wishing they were dead, frequent sadness, guilt, satisfaction with involvement with funeral and arrangements, missing their deceased sibling more at certain times of the year, attempting to keep the memory of their deceased siblings alive, frequent crying, trying to make parents happy, trying to make surviving siblings happy, feeling parents were supportive, feeling surviving siblings were supportive, parents becoming more protective, being able to talk with parents about deceased siblings, enjoying spending time with parents, enjoying spending time with surviving siblings, believing friends understood their feelings, being able to talk freely with their

friends about their sibling and their sibling's death, and having chosen supportive friends who have a positive influence on them. In addition, when asked who had helped the most in dealing with their sibling's death, several subjects responded "parents" (20%), several responded "mother" (23%), but none responded "father." As proposed by the childhood sibling loss literature, loss of the primary relationship of a sibling appears to cause significant disruption to the individual as evidenced in the reactions reported by the subjects in this study.

Group ages 8-12 at the time of this study

In addition to the reactions common to all three groups, the following pattern of major reactions appeared to emerge for subjects in this group: believing that their sibling's death had either not changed their lives or had a negative impact, fear that they would die when they reached the age their deceased sibling was at the time of their death, feeling scared, feeling angry, believing that their mothers had helped the most in dealing with their sibling's death, being able to talk with their parents about their sibling's death, believing that their sibling's death had resulted in a stronger desire to succeed, being more protective of their surviving siblings, preferring to visit their sibling's grave with parents or surviving siblings, visiting their sibling's grave more than twice a month, and experiencing no impact on their spirituality as a result of their sibling's death. The subjects in this group had difficulty conceptualizing how their lives would have been different if their siblings had not died. They appeared to have integrated this experience into their frame of reality which permeated their sense of self, concepts of interpersonal relationships, concepts of what to expect from life,

and concepts of purpose and meaning. This may account for the subjects' fear of dying when they reach the age their deceased sibling was at the time of his/her death, and in their overprotection of surviving siblings. Issues of disruption to the individual's intrapsychic development caused by the experience of childhood sibling loss may be particularly pertinent for young children.

Group ages 13-21 at the time of this study

In addition to the reactions that were common to all three groups, the following pattern of major reactions appeared to emerge for subjects in this group: believing that their parents would not have missed them as much, having contemplated committing suicide, preferring to visit their sibling's grave alone, visiting their sibling's grave more than twice a month, denial, having seen or heard their deceased sibling since his/her death, missing their deceased siblings more at major life events, believing that their sibling's death had a positive impact on their lives, difficulty sleeping, difficulty eating, problems with substance abuse, increased criminal behavior, isolating themselves from others, wearing their deceased siblings' clothes, being able to talk with their surviving siblings about their deceased sibling and sibling's death, arguing more with parents, more difficulty with intimacy, more difficulty making and/or keeping friends, having different friends than those they had prior to their sibling's death, marital problems, divorce, and strengthened belief in God. During adolescence, individuals are resolving issues of personal identity and emphasizing peer relationships. In addition, adolescence is frequently coupled with feelings of invincibility. Adolescents often engage in risk-taking behaviors, believing that death comes only to

individuals of advanced age. Being confronted with death at this age can be uncomfortable and foreign to the surviving siblings and their friends. This may account for the themes of denial and avoidance which appeared throughout the reactions reported by subjects in this group. These would include: denial, contemplation of committing suicide, having seen or heard their deceased siblings since their deaths, difficulty eating, difficulty sleeping, problems with substance abuse, preferring to visit their sibling's grave alone, more difficulty with intimacy, and more difficulty making and/or keeping friends. Even though subjects in this group reported that they can talk freely with their friends and surviving siblings about their deceased sibling and sibling's death, they reported they rarely felt the need. In addition, although subjects in this group reported they have felt their friends understood their feelings and that they were able to talk freely with their friends, 70% reported that they had different friends than the ones they had before their sibling's death. This persistent tendency to avoid dealing with their sibling's death may adversely affect the development of personal identity, and may make it difficult for adolescents to begin to disengage from the family unit.

Group ages 22-35 at the time of this study

In addition to the reactions that were common to all three groups, the following pattern of major reactions appeared to emerge for subjects in this group: denial, anger, numbness, attempting to hold feelings inside, feeling the presence of their deceased sibling after their sibling's death, having seen or heard their deceased sibling since their sibling's death, asking "Why?", preferring to visit their sibling's grave alone,

believing that their sibling's death had a negative impact on their lives, having contemplated committing suicide, difficulty eating, difficulty sleeping, grades declining in school, having a misidentified or replacement child, attempting suicide, problems with substance abuse, increased criminal behaviors, wearing deceased sibling's clothes, being able to talk with parents about sibling's death, having the same friends they had prior to their sibling's death, having grown distant from surviving siblings, marital problems, experiencing a negative impact on spirituality, and competing with deceased sibling for parents' attention, approval, and love since sibling's death.

Subjects in this group appeared to be willing to talk about their deceased sibling and the sibling's death. Even though 30% of the subjects in this group reported that they had not found anyone they could talk to about their deceased sibling and the sibling's death, they volunteered for participation in this research. This may imply that they were willing to talk about this topic if the opportunity were made available. These subjects appeared to be able to comprehend the long-term effects and impact their sibling's death would have on their lives. The subjects in this group seemed to no longer be avoiding or denying the effects of their experience of childhood sibling loss. They appeared to have a conviction that they would be experiencing the effects of childhood sibling loss for the rest of their lives. They also appeared willing to search for and address issues surrounding the impact of childhood sibling loss.

2. Does any relationship exist between the experience of childhood sibling death and psychosocial development? The results of this study appeared to indicate

that a relationship does exist between the experience of childhood sibling death and psychosocial development. Over half of the subjects that participated in the assessment of psychosocial development appeared to have overall resolution that was inappropriate for the subjects' age group and gender. Results from the MPD suggested that most of the subjects who were ages 13-21 at the time of the study were either experiencing overall advanced resolution or overall psychosocial developmental difficulties. Results from the MPD suggested that two subjects from this group were experiencing overall age-appropriate psychosocial development, four were experiencing overall advanced psychosocial development, and four were experiencing overall developmental difficulties. Results from the MPD suggested that most of the subjects who were ages 22-35 at the time of the study were experiencing overall age-appropriate psychosocial development. Results from the MPD suggested that seven subjects from this group were experiencing overall age-appropriate psychosocial development, one was experiencing overall advanced psychosocial development, and two were experiencing overall psychosocial developmental difficulties.

Three possible causes for overall advanced psychosocial development as related to this study may be: (1) causes unrelated to this investigation; (2) the subject may have been seeking social desirability in their responses; or, (3) the experience of childhood sibling death was successfully resolved, the individual found meaning in the experience of childhood sibling death, and obtained advanced maturity and understanding through this experience. This possible explanation would be consistent with the findings of Balk (1983a,b), who reported 36.4% of the adolescents in his

study indicated a sense of increased maturity. Two possible causes of overall age appropriate psychosocial development as related to this study may be: (1) causes unrelated to this investigation, or (2) the result of adequate bereavement resolution. Three possible causes of overall psychosocial developmental difficulties as related to this study may be: (1) causes unrelated to this investigation; (2) the subject was "faking bad," attempting to make their difficulties look worse than they really were; or, (3) the subject had inadequately resolved issues of grief and bereavement related to his/her experience of childhood sibling loss.

3. Does any relationship exist between the experience of childhood sibling death and level of depression at the time of this investigation? Less depression appeared to be indicated than had been expected. Results from the RCDS and the MDI suggested that 87% of the subjects in this study were experiencing minimal or mild depression, that 10% were experiencing moderate depression, and that 3% were experiencing severe depression. Results from the RCDS suggested that subjects who were ages 8-12 at the time of the study were experiencing either minimal depression (30%) or mild depression (70%). Results from the MDI suggested that 60% of the subjects who were ages 13-21 at the time of the study were experiencing minimal depression, that 10% were experiencing mild depression, that 20% were experiencing moderate depression, and that 10% were experiencing severe depression. Results from the MDI suggested that 60% of the subjects who were ages 22-35 at the time of the study were experiencing minimal depression, that 30% were experiencing mild depression, that 10% were experiencing moderate depression, and that no subjects in

this group were experiencing severe depression. However, during the structured interviews 63% of the subjects reported themselves as currently being sad. In addition, 60% of the subjects reported themselves as currently crying often, and 40% reported themselves as currently wishing they were dead. Two possible causes for the inconsistency between information obtained from the depression instruments and the information obtained on the structured interviews may be: (1) the depression instruments are measuring clinical depression, and reports during the structured interviews were indicating periods of sadness related to memories of their deceased siblings, or (2) that subjects often become over-responsible in their comfort and care of their parents and their surviving siblings. This second possible cause would be consistent with the childhood sibling loss literature.

Morse (1984) reported subjects often receive covert messages to deny or suppress their grief and sadness. They are often given both overt and covert messages that they must comfort their parents and that they are responsible for their parents' happiness. They may even feel responsible for compensating their parents for their loss (Rosen, 1984-85). They are directed to assist others in resolving their issues of bereavement, and to postpone or deny their own needs (Morse, 1984; Rosen, 1984-85). The subjects in this study reported that they have tried to make their parents and surviving siblings happy, to meet their emotional needs, and to take care of them. They also reported that they have assisted in the parenting of their surviving siblings. This effort on the part of those who experience the death of a sibling to comfort and care for those around them may be a cause of the discrepancy between information

related to depression that was obtained through the structured interviews and information that was obtained on the depression instruments.

Recommendations

1. Further research in this area would do well to include a standardized instrument that measures bereavement resolution.
2. Further research in this area should be conducted using a sample drawn from a wider population.
3. Further research would do well to access subjects through funeral homes or other self-help groups in addition to "The Compassionate Friends" in an effort to develop a more ethnically diverse sample.
4. Quantitative research in this area should be conducted to compare subjects now at different age levels who had experienced sibling loss at approximately the same age.
5. Quantitative research would do well to also compare subjects that are presently the same age who had experienced sibling loss at different age levels.

APPENDIX A
INFORMED CONSENT FORM

INFORMED CONSENT

SUBJECT CONSENT

I am consenting to participate in research on the topic of "Childhood Sibling Loss," that is being conducted by Mary A. Paulson at Andrews University in the School of Education. I realize that the research process involves an individual interview and filling out an instrument that measures depression. Subjects 13+ years of age will also fill out an instrument that measures psychosocial development. I also realize that the research will take place at the investigator's office or a local chapter of The Compassionate Friends. I realize that the purpose of this research is to gain a better understanding of childhood sibling loss by comparing my experience to others who have experienced the death of a brother or sister (sibling). I realize that my answers will remain completely confidential. My involvement with this research will be limited to my responses during the interview and on the test instruments, and that my participation is completely voluntary. I realize that no compensation is to be given me for my participation in this research and that I may withdraw from participating in this research at any time without penalty. I realize that the results of this research will be used to help surviving siblings by helping others understand what we have gone through since our brothers and sisters died. I realize that if after the research process has been completed, I feel the need to talk with a counselor or therapist I will be given the names of three local professionals by the investigator.

I have read the contents of this consent form and have listened to the verbal explanation given by the investigator. My questions concerning this study have been answered to my satisfaction. I hereby give voluntary consent to participate in this research. If I have additional questions or concerns, I may contact Mary Paulson at (614) 397-0423 or by writing to her at 18170 Hopewell Road, Mt. Vernon, Ohio, 43050. I realize that I will be receiving a copy of this consent form.

_____ Signature of Subject	_____ Date	_____ Witness	_____ Date
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PARENTAL/GUARDIAN PERMISSION FOR MINOR SUBJECT'S PARTICIPATION

I have read the contents of this consent form and have listened to the verbal explanation given by the investigator. My questions concerning this study have been answered to my satisfaction. I hereby give voluntary

consent for my child to participate in this research. If I have additional questions or concerns, I may contact Mary Paulson at (614) 397-0423 or by writing to her at 18170 Hopewell Road, Mt. Vernon, Ohio, 43050. I realize that I will be receiving a copy of this consent form.

Signature of Parent/Guardian

Date

Witness

Date

APPENDIX B
STRUCTURED INTERVIEW

CHILDHOOD SIBLING DEATH STRUCTURED INTERVIEW

Name: _____ AGE: _____
 Date of Birth: _____ Sex: FEMALE
 MALE
 Ethnic Origin: AFA ASA CA HA NA Other:
 Parents Divorced: YES NO After Death: YES
 NO
 Father Remarried: YES NO Mother Remarried: YES
 NO

Surviving Brothers & Sisters: (indicate adoption, step-siblings,
 "half-siblings"--different father/mother, etc.)

NAMES	DATE OF BIRTH	SEX

Brothers &/or sisters who died: (indicate adoption, etc.)

NAMES	SEX	BIRTH/DATE	DEATH/DATE	CAUSE OF DEATH

1) How did you react to your brother or sister's death?
 Then? Now?

REACTIONS	THEN	NOW

REACTIONS	THEN	NOW

- | | <u>NO</u> | <u>THEN</u> | <u>NOW</u> |
|---|-----------|-------------|------------|
| A. Did/does have sleep disorder? | _____ | _____ | _____ |
| B. Did/does have eating disorder? | _____ | _____ | _____ |
| C. Did/does cry often? | _____ | _____ | _____ |
| D. Grades fell? | _____ | _____ | _____ |
| E. Began wetting the bed? | _____ | _____ | _____ |
| F. Was/is frequently in trouble?
(with who?) | _____ | _____ | _____ |
| G. Increase in risk taking behaviors? | _____ | _____ | _____ |
| H. Had replacement child? Same Sex? | _____ | _____ | _____ |
| I. Experienced nightmares (describe
themes) | _____ | _____ | _____ |
| J. Did/do you have difficulty trusting
others now because of b/s's death? | _____ | _____ | _____ |
| K. Did/do you have difficulty trusting
in you and your family's personal
safety because of b/s's death? | _____ | _____ | _____ |
| L. Was/is sad often? | _____ | _____ | _____ |
| M. Experienced guilt (describe themes) | _____ | _____ | _____ |
| N. Have you ever felt that you have to
live your life for your b/s who died? | _____ | _____ | _____ |
| O. Have you wished you were dead since
your b/s's death? | _____ | _____ | _____ |

2) Were you and your brother or sister a lot alike? Are you now? If so, in what ways are you similar?

3) What was your involvement with your brother or sister's funeral and the funeral arrangements? (Were they satisfied with their level of involvement -- too much or not enough?)

- 4) How often did you visit your b/s's grave initially?
Now?
- 5) Who do you prefer to go to your b/s's grave with?
(Then/Now)
- 6) How has your brother or sister's death effected your
relationship with your parents? Then? Now?

HOW RELATIONSHIP CHANGED	THEN	NOW

- | | <u>NO</u> | <u>THEN</u> | <u>NOW</u> |
|--|-----------|-------------|------------|
| A. Parents were supportive? | _____ | _____ | _____ |
| B. More protective? | _____ | _____ | _____ |
| C. Can/could talk with parents about b/s? | _____ | _____ | _____ |
| D. Can/could talk with parents about b/s
death? | _____ | _____ | _____ |
| E. Did/do you enjoy spending time with
your parents now? Why? | _____ | _____ | _____ |
| F. Tried/tries to make parents happy? | _____ | _____ | _____ |
| G. Competed/ing with DS for parent's
attention, approval, affection? (circle) | _____ | _____ | _____ |
| H. Parents wouldn't miss me as much? | _____ | _____ | _____ |
| I. Parents compare S with DS? | _____ | _____ | _____ |
| J. Parents had replacement child?
same sex? | _____ | _____ | _____ |
- 7) How has your brother or sister's death effected your
relationship with your surviving brothers and sisters?
Now?

HOW RELATIONSHIPS CHANGED	THEN	NOW

- | | <u>NO</u> | <u>THEN</u> | <u>NOW</u> |
|--|-----------|-------------|------------|
| A. Surviving siblings are supportive? | _____ | _____ | _____ |
| B. Could/can talk with SS about DS? | _____ | _____ | _____ |
| C. Could/can talk with SS about b/s's death? | _____ | _____ | _____ |
| D. Did/does enjoy spending time with SSs? | _____ | _____ | _____ |
| E. Tried/tries to make SSs happy? | _____ | _____ | _____ |
| F. Became "acting" parent? | _____ | _____ | _____ |
| G. SS had replacement child? Same Sex? | _____ | _____ | _____ |

- 8) How has your brother or sister's death effected your relationship with your friends? Then? Now?

HOW RELATIONSHIPS CHANGED	THEN	NOW

- | | <u>NO</u> | <u>THEN</u> | <u>NOW</u> |
|---|-----------|-------------|------------|
| A. Has same friends? | _____ | _____ | _____ |
| B. Friends understand feelings--b/s & sibling's death? | _____ | _____ | _____ |
| C. Talk freely with friends about b/s & sibling's death | _____ | _____ | _____ |
| D. Choose supportive, positive friends? | _____ | _____ | _____ |

- 9) Have you had difficulty letting others get close to you because of your b/s's death? If so, in what ways?

CHANGES IN INTIMACY	THEN	NOW

- | | <u>NO</u> | <u>THEN</u> | <u>NOW</u> |
|---|-----------|-------------|------------|
| A. Did/does date <u>more</u> or <u>less</u> ? | _____ | _____ | _____ |
| B. Did/does have more difficulty making or keeping friends? | _____ | _____ | _____ |
| C. How long did & do your dating relat. last? | _____ | _____ | _____ |
| D. Divorced since b/s death? | _____ | _____ | _____ |
| E. More difficulty with intimacy? | _____ | _____ | _____ |

- 11) What did people say to you after your b/s's death?
- 12) How do you answer when others ask you how many brothers and sisters you have?
- 13) What do you miss most about your brother or sister who died?
- 14) Do you miss your brother or sister more at certain times of the year, at certain events (i.e., graduation, wedding, etc.), or were certain years more difficult than others (reprocessing grief)?
- 15) How do you keep their memory alive/in your life now? Dreams? Mementos?
- 16) How would you say that your brother or sister's death changed your life? Has it made you grow up faster/more mature?
- 17) Has your brother or sister's death had any effect on your willingness to be happy and successful? If so, what effect has it had?
- 18) Have you found someone you can talk with about your brother or sister who died and their death? If so, who?

- 19) Who helped you deal with your brother or sister's death the most? How did they help you?
- 20) Have you or your brothers or sisters been physically or sexually abused since your brother or sister's death? If so, by who?
- 21) Have you thought about or tried to kill yourself since your b/s's death? (Do you now?) Has anyone else in your family? If yes, who?
- 22) Have you or a member of your family had trouble with drugs or alcohol since your brother or sister's death? If yes, who? Initially and/or now? Did/do you use drugs or alcohol (initially and/or now)?
- 23) Have you or a member of your family gotten into serious legal or financial trouble since your brother or sister's death? If so, who and trouble with what?
- 24) What impact if any has this had on your belief in God or a higher power?

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